VS 150-REV. 1/1/65

			000		HEALTH DEPARTMENT		67 0	0.04
BIRT	H NO.	67	290	CERTIFICA	TE OF DEATH	Registered No.	01 0	001
	CASE NO.	0.		CERTIFICA				
	AME OF DEC	EASED	1	+ 1	2. DATE	AND HOUR OF DEATH		
1171	e or viiiii	Mary &	IMOC	toreste		8/20/6	7 11	130 AM.
3. I	LACE OF DE	ATH IN BALTMORE, MA	RYLAND		4. USUAL RESIDENCE (W		institution: residence	before odmission)
						UNIT		
	OSPITAL OR	F (If not in hospital oddress or location		give street	Maryland			
	NSTITUTION	oddless of locollo	n)	. , 1	C. CITY OR TOWN (IF	outside city limits, write	RURAL ond give	p wnet(p)
			4 -	+01	Baltimore		04	1-10
1	1	MIELEA	Hosp	110	D. STREET ADDRESS	(If rural, give location)		
/		,	•		512 Rossit	er Avenue		
5. 5	FX	6. RACE	7. MARRIED.	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr	If Under 24 Hrs.
	F	w	Never	Married (specify)	8-10-1946	lost birthdoy)	Months Doys	If Under 24 Hrs. Hours Min.
tOA	USUAL OCC	UPATION (Give kind of worl	108 KIND OF	BUSINESS OR INDUSTRY	Baltimore.	oreign country)	12. CITIZEN OF	
	~							
	Studen		Ellza	beths Schoo	V		0. 2	. A.
3.	FATHER'S NAM				14. MOTHER'S MAIDEN N			
	Lawren	nce A. Fore	stell		Elinor Die	etz		
5		Ever in U. S. Armed For		1 6. SOCIAL	17. INFORMANT		ADDR	229
Yes	NO NO	(If yes, give wor or dote	es of service)	SECURITY NO.		ce A. Fore		Same
_	18.	6 11		CAUSE O	F DEATH		INTERV	AL BETWEEN
	DISEA	SE OR CONDITION DI	BECTIV			•	ONSET	AND DEATH
	Disea	LEADING TO DEATH	KECILI	_		L. + +		
	(This does r	not mean the mode of	dvina ea	(A)	ongestive	heart full	9	/) .
		osthenio, etc. Il meons		DOE 10				
	injury or con	nplication which caused	deoth.)	0	,1	1		
		ANTECEDENT CAUSES		(B) V	11minory	1 y ler reas	10- 71	
	DISEASES	OR CONDITIONS, if	ony giving					
		e obove couse (A)		(C) D	Iwn's sy	ndine	1	to
		G CONDITION lost.	,	***************************************		***********************		
		- 11						
Z	OTHER SIGNI	FICANT CONDITIONS	ONTRIBUTING	G				
ATION	TO THE D	EATH BUT NOT RELA	ATED TO TH	E				
	19A. DATE OF	OPERATION 198 CON		WHICH OPERATION	20A. AUTOPSY? (Yes or	No. 208 IF VEC MERE	FINDINGS CONSI	DEPED
CERTIFIC	OF OF	WAS PER		THICH OFERATION	AGIOL21, (162 OL		AUSES OF DEATH?	
ERI	_							
U	OR CONTRIN	NT WAS UNDERLYING	218.	PLACE OF INJURY (e.g., in	fice bldg., INJURY OCCUR?	(If in Boltimo	re City, give exoct	locotion)
AL		medical examiner	etc.		Singly Into Kir Occok:			
DIC			(No.) loss	INTILIBY O COURSE	215 110111 21-1	NILLIAN O COLLEG		
MEC	OF INJURY	(Month) (Doy) (Year)		INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?		
2	(APPROX.)		Whi	ile At Not While	e			
	20 1 11				21/0/2	67	V-130	- 6
	22. Costify	that (1) (this hospita	1) oftended t	he deceased fram		19 6 10	8/20	19 6
	that (I) (we)	as we the deceose	ed olive on	8/20	19 6 7 and	that in (my) (our) op	inion death occi	urred on the dote
	and hour on	d from the course sta	ted obay	Wallia (did ma)	iew the bady ofter deat			
			.ca obave. (, (e) (dia not) V	tem the body offer death	116	000 0 4 7 0 5	
	23A. SIGNATU	Λ.					238. DATE SIGN	
	2	me E. Th	10001	M.D. Atte	s. Med. Director	Stoff Phys.	817	0/67
	23C. PHYSICIA	IN'S	2008	9	23D. ADDRESS	, 14	10	10/
	NAME (T	ype)	TP C			and had		
		Dr. Louis	E. Gre	nzer M.D.	Mercy Hos	spital		
244	BURIAL CRE		24C. N	AME of CEMETERY of CRI	MATORY 24D.	LOCATION	City, town, or count	y) (Stote)
D	REMOVAL (
	urial	8-23-6		dlawn Cemet	ery Wo	oodlawn,Bal	Ltimore (o, Md.
254	. DATE REC'D	BY HEALTH DEPT.	25B. NAME	OF REGISTRAR	H. W. Jen	cing & Sone		DRESS 21212
		AUG 21 1967	Uhleet	E. Janeura	11. W. Y. 874	York Road	Balto.	. Md
_			1 7	1 12 13				

1 10 12 F. 3/2, 10 . 15/2

5. SEX

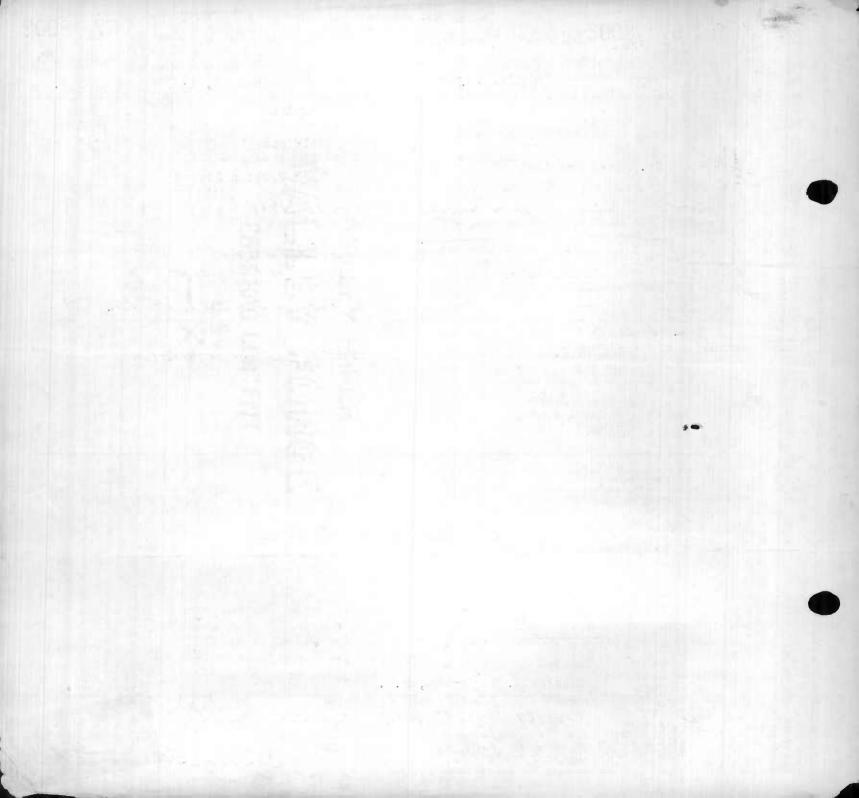
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VS 151-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. I. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD (Type or Print) BRENDA August 17, 1967 8:55 P. 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE
B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD Maryland FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN (If autside carparate limits, write RURAL and give tawnship) INSTITUTION Baltimore D. STREET ADDRESS (If rural, give location) St. Agnes Hospital (DOA) 4353 Parkton Street 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) 8. DATE OF BIRTH 9. AGE (In years last birthday) If Under 1 Yr, If Under 24 Hrs. Manths | Days | Haurs , Min. Female. never married White MAY 12, 1967 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 2. CITIZEN OF dane during mast of warking life, even if retired) WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Arthur Buker 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMAN ADDRESS 16, SOCIAL (Yes, na arunknawn), (II yes, give war ar dates af service) SECURITY NO. er - 4353 Barkton St INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Interstitial pneumonitis (SDII) (A)... (This daes not mean the made of dying, e.g., heart loilure, osthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO ONSE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION | 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes at No.) 20 B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? Yes Yes 21 A. EXTERNAL CAUSE WAS 21B, PLACE OF INJURY (e.g., in ar about 21C, WHERE DID hame, farm, lactory, street, affice bldg., INJURY OCCUR? (If in Baltimare City, give exact lacation) UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 21D TIME 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? (Year) (Haur) OF INJURY WHILE AT NOT WHILE Autopsy X I certify that I held an Inquiry Inspection and that an this basis, death In my apinian resulted fram: Natural causes X Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINER SIGNATURE EXAMINER'S Charles S. Springate, M.D. NAME (Type) August 18, 1967 23A, BURIAL CREMATION. 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION 23B. DATE (City, town, or county) (State) REMOVAL (Specify) BY HEALTH DEPT. 24B, NAME OF REGISTRAR 24C. FUNERAL DIRECTOR ADDRESS

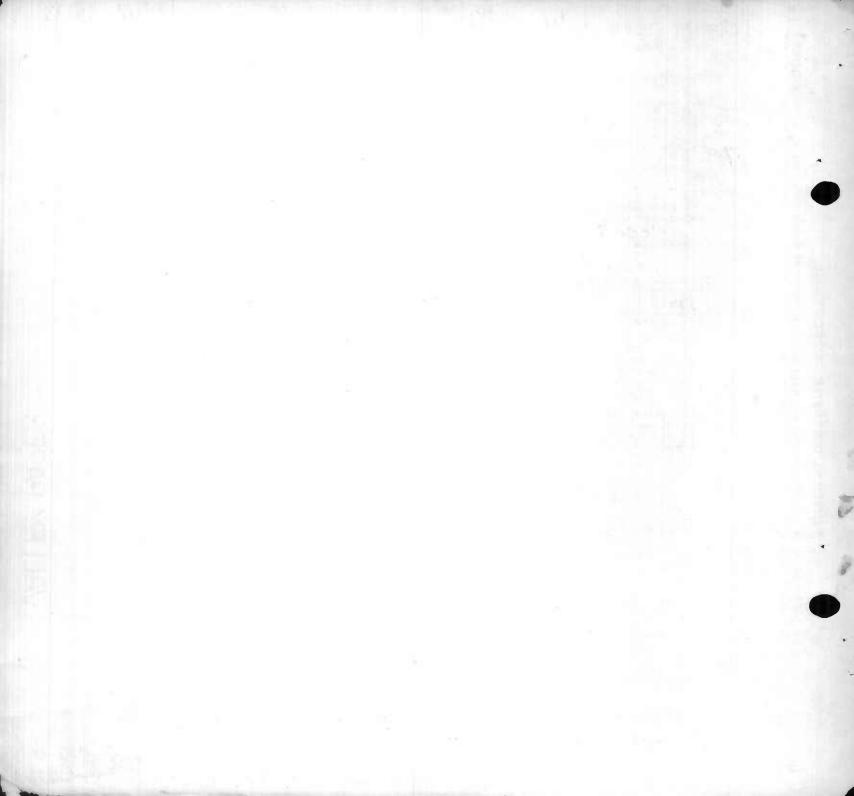


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DIRECTOR:

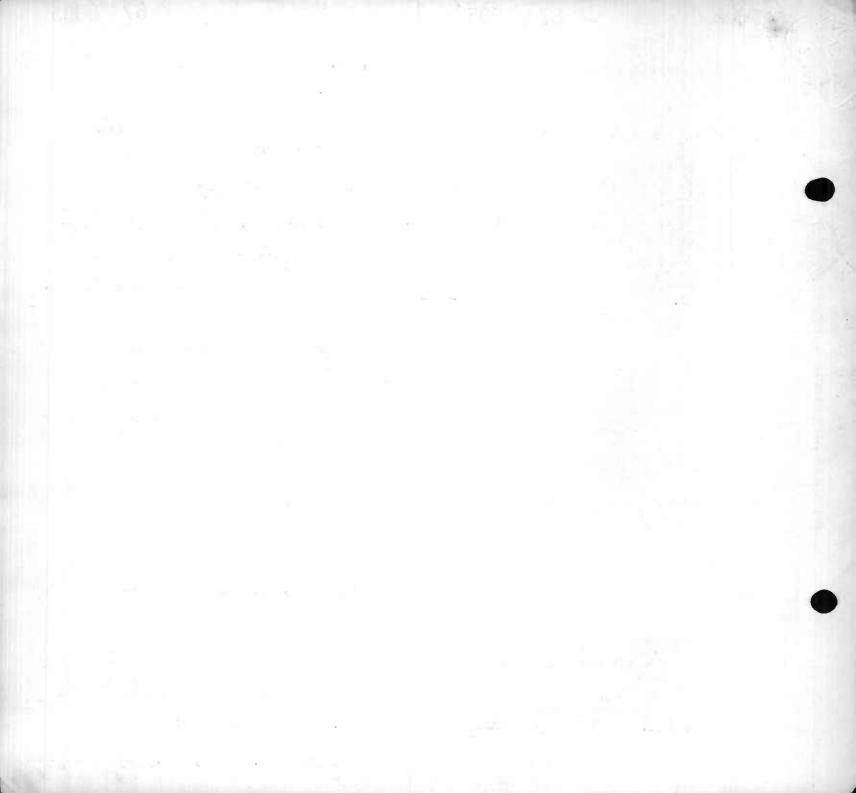
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BALTIMORE CITY HEALTH DEPARTMENT



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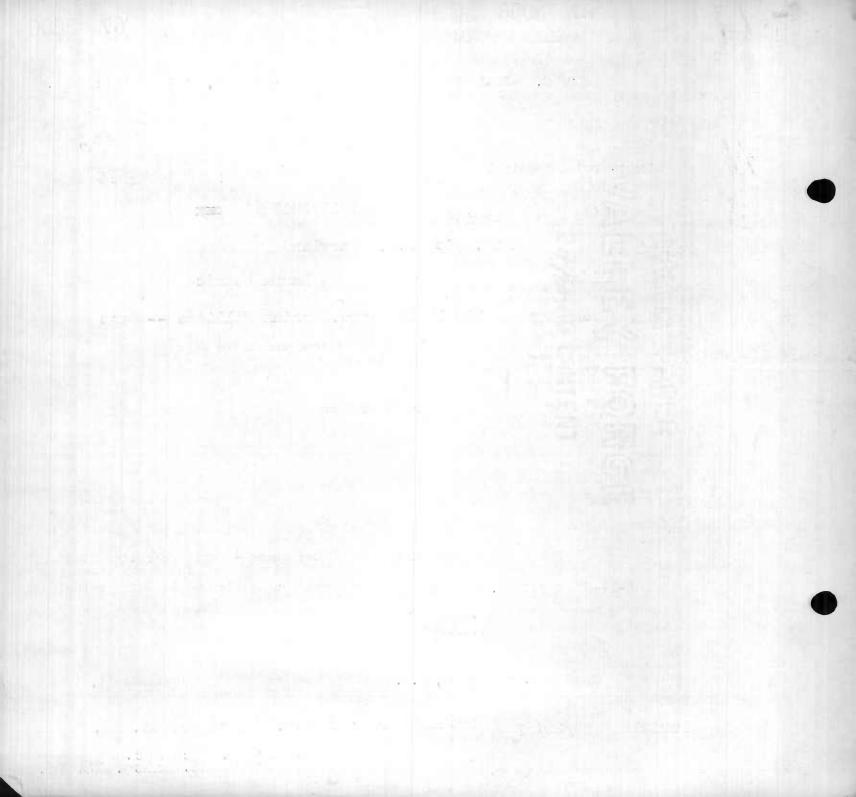


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VS 151-REV. 1/1/65

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67

M.I	E. CASE NO.										
1. I	NAME OF DEC						2. DATE AND	HOUR PRONOUNC	ED DEAD		
,	p		JOHN C	. WILI	LIAMS		Augus	st 21, 1967	1	4:30 A	• M.
3. P	PLACE IN BALT	IMORE, MAR	RYLAND, W	HERE PRONC	UNCED DEAD	4. USUAL RES	SIDENCE (Where	deceosed lived. If inst	itution: reside	nce bafare adm	nission)
FLSI	LL NAME OF	(IE NOT	IN HOSPITA	I OR INSTI	TUTION, GIVE STREET		Maryland		1001	110	
но	SPITAL OR	ADDRES	S OR LOCA	TION)	TO HOIV, OFFE STREET	C. CITY OR T	OWN (If outside	corporate limits, write	RURAL and	give township	,
							Baltimor	ce e	43	00	
	II m d c	M				D. STREET AD	DDRESS (If rural,	give location)			
	UIIIC	on Memo:	riai n	ospital			8348 Rid	lgely Oak Re	oad #3	34	
5. S	EX	6. RACE			DIVORCED(specify)	B. DATE OF BI	RTH	9. AGE (In years last birthday)	If Under	Yr. If Under 2	Min.
	Male	Whi	to			7/17	/1917 n	- 50		110013	
IOA	USUAL OCC	UPATION (Give	e kind of work	TOB. KIND	FEISMESS OR INDUSTR	11. BIRTHPLAC	E (State or foreign	n country)	12. CITIZEN		
	e during most of		en if retired)	Rolt.	o. City P.D.	Monar	lond		US	COUNTRY?	
13.	FATHER'S NAN	lman _		Daro	O. OLGY I.D.	14. MOTHER'S	land		US	LA.	-
	Iohi	o Mill	ioma								
	WAS DECEASE		J.S. ARMED		16. SO CIAL	17. INFORMAN	Laura	Hennick	ADDRESS		
Yes	s, no or unknown	(If yes, give	wor or date	s of service)	SECURITY NO.						
	Yes	WWI	Ι		218012927	Mrs.	Rosina J	Williams_	- Sam		
	18. F. 9	16.6	1		CAUSI	OF DEATH				NTERVAL BETY ONSET AND D	
	DISEA	SE OR CON		RECTLY	Exten	sive sec	ond and t	hird degree	2		
	(This does	not meon th	TO DEATH	dvina e.a.	(A)	burns		••••		******************	
	heort foilure,	, osthenio, etc mplication whi	c. It meons	the disease.	, 500 10						
		ANTECEDEN			(B) Confl	agration					
	RISE TO TH	OR CONDIT	AUSE (A) ST	ATING THE	DUE TO						
7	UNDERLYII	NG CONDIT	ION LAST.		(C)						
CERTIFICATION		- 1	1								
M		NIFICANT CO	SHOITIONS								
F		R CONDITION			THE			***************************************		*****	
ERT			198, CON	DITION FOR	WHICH OPERATION	20A. AUTOF		208. IF YES, WERE FI			
O	0		WAS PER	ORMED		No		IN CERTIFYING CAU	SES OF DEA	TH?	
X	21 A. EXTERNA	L CAUSE W.	AS	21 B	PLACE OF INJURY (e.g., ne, form, foctory, street,	in or obout 21 C.	. WHERE DID	If in Boltimore City, g	ve exoct loca	otion)	01
EDICA	UTING CAU	SE OF DEAT	н.	etc.						/0	- 66
M	21 D TIME	(Month) (Doy) (Yeor	(Hour)	gas station	21 F.	Gas pumps	- Northern	Polic	e Statio	on
	OF INJURY					MILLIE CON					
		6-27-6	5/	:15 A.	WHILE AT X NOT	ORK C	ar caught	fire while	being	refuele	ed
	22.	tify that I h	eld on I	nquiry 🗌	Inspection X Au	topsy	and that on thi	s basis, deoth in	ny opinion		
	resul	Ited from: 1	Notural con	ses	Accident X Suicid	le Homi	icide 🗌 👢	Indetermined monn	er		
			10 0	0	1 . 0	CHIEF	MEDICAL EX	AMINER		DATE SICK	ED
	SIGNAT		lier	() =	3 20 M.D	ASSISTANT	MEDICAL EX	AMINER X		DATE SIGN	EU
	EXAMIN	-	arlac	S Snr	ingate, M.D.	•	MEDICAL EX	AMMER		21, 1967	7
	NAME (Type)	101168	o. opi	ingace, m.b.			_ F	lugust .	21, 1907	
	MOVAL (Specif		3B. DATE	2	3C. NAME of CEMETERY	CREMATORY	23 D. Le	OCATION (City	, town, or co	unty) (St	ote)
	Buria	_	0/01	167	Moreland Me	morial	Cem F	Baltimore	Co M	5	
24/	A. DATE REC'D		DEPT.	248 NAMI	OF REGISTRAR		IERAL DIRECTOR	ATOTIOLE	AD	DRESS	
		8110.0	0.1007	100	Br & Fra Owner		Leonard	J. Ruck	Inc.		
		Milla Z	6 130/	(1)	VI TO ATTO WALKER	53	305 Hanf	and Dd T	74.	7 1 7/	7



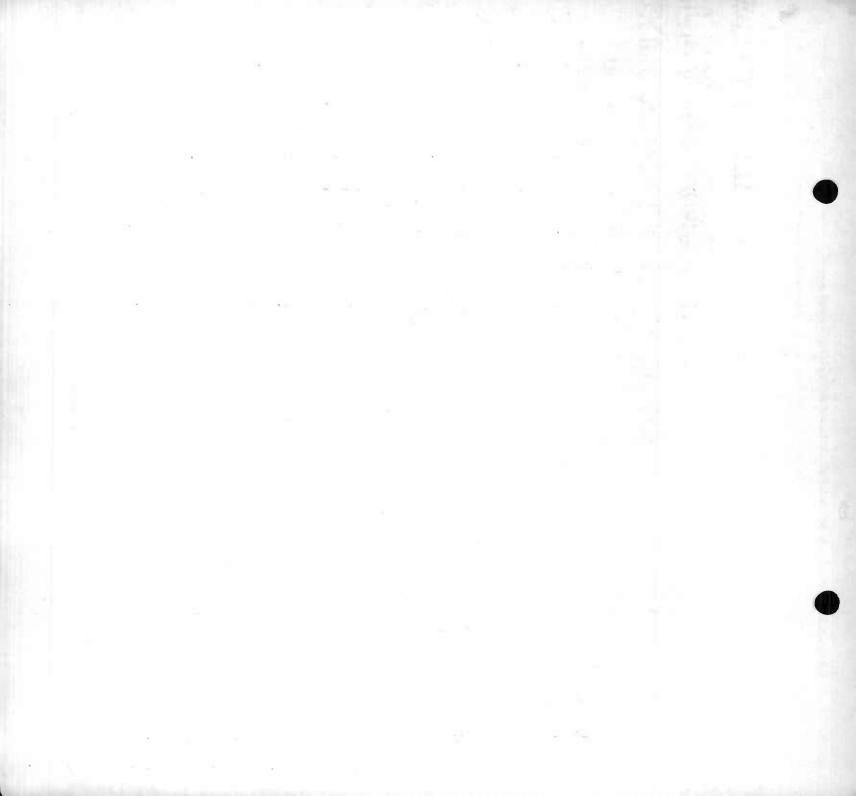
THE RESERVE OF THE PARTY OF THE UNION MEMORIAL HOSP 3010 WHITE AVE. OC The oles promption M Just 0151 BURSERVIFE Emma Falchers COTHERNS BAVIS " " Par Elbert Soudart 3010 cells to dail Mary Season and the Enteredle othe Mediconscillar distant of frequention a landered limes borned Fred toper of mount 8-19-67 THE REPORT OF THE PARTY OF THE

the clare could be a many beauty

(Type or Print)	MARGARET	r C.	STANTON		t 18, 1967	10.45 0
FULL NAME HOSPITAL OR INSTITUTION	oddress or location	or institution,)		Maryland C. CITY OR TOWN (If or	NTY	stitution: residence before admiss
0	2705 Chri	istophe	r Ave.		pher Ave.	
female	white	WIDOWE	NEVER MARRIED D. DIVORCED (specify)	August 20,1886.		If Under 1 Yr. If Under 24 Months Doys Hours Min
done during most o	CUPATION (Give kind of work I working life, even if retired)	10B. KIND 0	F BUŚINESS OR INDUSTR	Maryland		12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NA	Patrick f	dianta	O'Rourke	14. MOTHER'S MAIDEN NA	Mary Ann	Shanahan
	d Ever in U. S. Armed Force n) (II yes, give wor or dotes		16. SOCIAL SECURITY NO. 218-54-2577	Mrs. Mary E. Sm	oot	(Same)
heart failure	not mean the mode of , asthenia, etc. It means mplication which caused ANTECEDENT CAUSES	the discose,	Ordeni (B)	ebral Fhrom School Car So sense han - School	dis . V week	" 8 grans
UN DERLYIN OTHER SIGN TO THE I DISEASE OR	OR CONDITIONS, if a obove couse (A) G CONDITION last. II IIIFICANT CONDITIONS CO DEATH BUT NOT RELA' CONDITION CAUSING IT	Stating the	G			
OTHER SIGN TO THE SIGN TO SIGN	IFICANT CONDITION S CODEATH BUT NOT RELATED FOR CONDITION CAUSING IT F OPERATION 198. CONDITIONS PERFO	Stating the ONTRIBUTIN TED TO THE TED TO THE TED DITTON FOR ORMED	G LE WHICH OPERATION	20 A. AUTOPSY? (Yes or N	ol 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
NOTHER SIGN TO THE	INTERPOLATION ASSEMBLY OF THE PROPERTY OF THE	Slating the ONTRIBUTIN TO T, ONTRIBUTIN TO The To ORMED	G WHICH OPERATION PLACE OF INJURY (e.g., e.g., lorm, loctory, street, e.g.)	20A. AUTOPSY? (Yes or N No in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	O) 20B. IF YES, WERE IN CERTIFYING CAI	FINDINGS CONSIDERED
OTHER SIGN TO THE	IFICANT CONDITIONS CODEATH BUT NOT RELATE CONDITION CAUSING IT F OPERATION 198. CONDITIONS OF THE CONDITION CONDITION CONDITION CONDITION CAUSING THE CONDITION CAUSING CONDITION CONDITIO	Slating The ONTRIBUTIN TED TO THE TO	G IE WHICH OPERATION PLACE OF INJURY (e.g., ne, lorm, loctory, street, or net) INJURY OCCURRED itle At Not Whi	20A. AUTOPSY? (Yes or N No in or obout 21C. WHERE DID olfice bldg., INJURY OCCUR?	O) 20B. IF YES, WERE IN CERTIFYING CAI	FINDINGS CONSIDERED USES OF DEATH?
NOTHER SIGN TO THE I DISEASE OR 19.A. ACCIDION OR CONTRIBED DEATH (noiff LAPPROX.) 21.A. ACCIDION OR CONTRIBED DEATH (noiff LAPPROX.) 22. I certify that (I) (we and hour or 23A. SIGNAT.)	INTERPOLATION (A)	ONTRIBUTINTED TO THE. ONTRIBUTINTED TO THE. ORMED 21E hometc. (Hour) 21E Wh. Wc ottended t d alive an ed obave. (WHICH OPERATION PLACE OF INJURY (e.g., ne, lorm, loctory, street, or ne, locked) INJURY OCCURRED At Work he deceased from the deceased	20A. AUTOPSY? (Yes or N No in or obout 21C. WHERE DID clinice bidg,, INJURY OCCUR? 21F. HOW DID IN. ile	OI 20B. IF YES, WERE IN CERTIFYING CAI (II in Boltimore JURY OCCUR? 19 7 to and in (my) (pur) opin	FINDINGS CONSIDERED USES OF DEATH? City, give exact location) 19 6 Mian death accurred on the 23 B. DATE SIGNED. Chang. 19/67

. 5 J. 15 Let 10 - pro ***** NAME OF THE PARTY " see and a see a see and a see a

67 8000	ITY HEALTH DEPARTMENT	67 8009
M.E. CASE NO.	ATE OF DEATH Re	gistered Na.
1. NAME OF DECEASED	2. DATE AND HOL	JR OF DEATH
John H. Yoldsmith	Aug. 20	
PLACE OF DEATH IN BALTIMORE, MARYLAND	A. STATE B. COUNTY	ased lived. If institution; residence before admissi
FULL NAME OF (If not in hospital or institution, give street	Md.	
HOSPITAL OR address or location) INSTITUTION	C. CITY OR TOWN (If outside cit	ty limits, write RURAL and give township)
7 61 141 . 11	Baltimore	21-0
Edgewood Nursing Home 6000 Bellona Ave.	20am (1 1	ve location)
0000 Bellona Ave.	3807 (hesley.	Hve.
6. RACE 7. MARRIED, NEVER MARRIED WIDQWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE	(In years If Under 1 Yr. If Under 24 Hours Min.
male white widowed		88
OA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUST one during most of working life, even if retired)	RY 11. BIRTHPLACE (State or foreign cour	12. CITIZEN OF WHAT COUNTRY?
Supervisor (Ret.) B & O Railroad	Maryland	115A
3. FATHER'S NAME	14. MOTHERS MAIDEN NAME	031
Jacob Goldenith	Kata	
5. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	Kate	ADDRESS
es, no or unknown) (If yes, give war ar dates of service) SECURITY NO.		
no 705033750/	(litton H. Gold	lsmith 3810 Overlea A
18. 4 0 0 1 CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	1 1 0 91	1 - 1 - 1
LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO	Vereline Imome	vosis dwhi
heart (ailure, osthenio, etc. It meons the disease,	2	1
injury or complication which caused death.)	Broncho: snew	morin 2 days
ANTECEDENT CAUSES (8)		
DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stating the	to - Selestine	Heat 1020
UNDERLYING CONDITION last.	La	run -
11		0 0
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	indired arter	in - Leash
DISEASE OR CONDITION CAUSING IT.	30	o certay
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY7 (Yes or No.) 20 B.	IF YES, WERE FINDINGS CONSIDERED ERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.	is as should C WHERE DID	(It is Patrice City in the Cit
OR CONTRIBUTING CAUSE OF hame, form, foctory, street,	office bldg., INJURY OCCUR?	(If in Baltimare City, give exact location)
NO		
21D. TIME (Manth) (Day) (Yeor) (Haur) 21E. INJURY OCCURRED	21F. HOW DID INJURY OF	CCUR?
(APPROX.) While At Work At Wo		
22. I certify that (I) (this hospital) attended the deceased fram	and - 1966	10 am - 21 19 6
that (1) (we) last saw the deceased alive an	19 7 and that in (r	ny) (opposion death accurred an the
and haur and from the causes stated abave. (1) (We) (did not	- /	.,, went of the control of the difference of the control of the co
23A. SIGNATURE	, view line body differ death,	238, DATE SIGNED
l l l l m.p. A	ttending Med. Staff	8/4/11-
23C. PHYSICIANS	Phys. Director Phys. L	0/21/6/
NAME (Type)	Line and A All	Of At. 11.
Earl Li Champers - M.	1100 sweety /19	(Anllo Mel
4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF C	CREMATORY 24D/LOCATIO	(City, town, or county) (State
burial 8-23-67 Parkwood (en	metery Baltis	more, Md.
SA. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C FUNERAL DIRECTOR	ADDRESS
AUC 22 1067 A D & D FALLEMA	Legnand J. Ruc	k, Inc Baltimore, Md
/S 150-REV. 1/1/80 Q & P 1001		



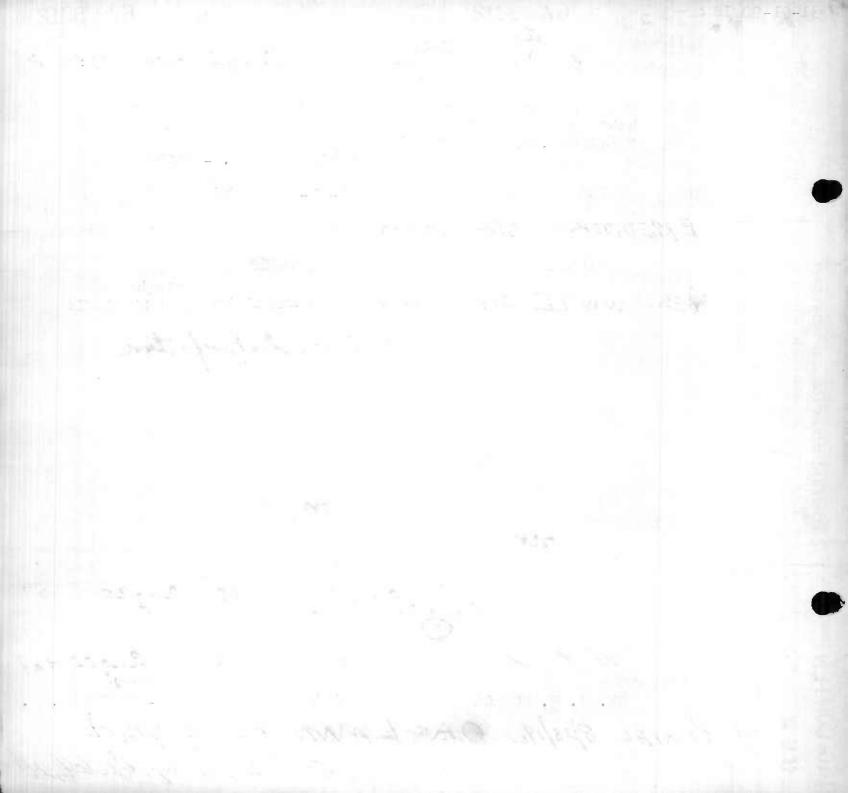
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		67	2011	BALTIMORE CITY	HEALTH DEPARTMENT		Ch	0044
	NO.		OOTT	CERTIFICA	TE OF DEATH	Registered No	0/	8011
1. N.A	CASE NO. AME OF DECEASED OF PRIMITY ASTAZ	y Vine	rent	Pilat	2, DATE AN	D HOUR OF DEATH		200/2
I	ACE OF DEATH IN BALTIM PLE NAME OF III not in OSPITAL OR address	TT A	MEN MEN MUTTON, give	DED 8-24-67	A. STATE 8. COUN	- BAH	THORE	dence before odmiss
IN	Man /au/	0	/	// / /	B0//-	side city, limits, write is	DAC	K 330
5. SE	TANJANA	SEN'S	APRIED NEV	TOS DITTAL	B. DATE OF BIRTH	9. AGE (In yeors	If Under 1	Yr. If Under 24
104	TALE CAUCH	SIAN W		VORCED (specify) TECHNOLOGY	4/15/13	lost birthdoyl	Months D	oys Hours Mi
5	during most of working life, even	if retired) BE	ethlet	ELL STEE/	toland		Cryl	LED STATE
3. F.	ATHERS NAME VINCENT	1 Pi	124		14. MOTHER'S MAIDEN NAM	YOWN.		
5. W Yes.	vos Deceased Ever in U. S. A no orunknown) (If yes, give w	or or dotes of s		SOCIAL SECURITY NO.	17. INFORMANT	Makelli M	.D. M	DDRESS : C3. It.
1	1B. /63X I		C A	CAUSE O	F DEATH			TERVAL BETWEEN
	DISEASE OR CONDIT		Υ.			/ OLung		
	(This does not mean the	made of dying		DUE TO M	tastasis to liv	19 - King and In		***********
	heart failure, asthenia, etc. injury or complication which			PR	castasis to liv	er		
	ANTECEDENT	CAUSES		(B)	sulmonary e	dema		
	DISEASES OR CONDITIO			DOE 10 /			9 126	
	rise to the obove cou UNDERLYING CONDITION		ng the	(C)	***************************************			
-		the result		VALUE OF STREET				
E	OTHER SIGNIFICANT COND TO THE DEATH BUT N DISEASE OR CONDITION CO	OT RELATED		Ov-				
	9A. DATE OF OPERATION			CH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE I	INDINGS COURSES OF DE	ONSIDERED ATH?
0	21A. ACCIDENT WAS UNDE OR CONTRIBUTING CAUS DEATH (notify medical examin	EOF	21B. PLA home, fo etc.)	CE OF INJURY (e.g., i orm, foctory, street, o	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore	City, give e	exact location)
A C	21D. TIME (Month) (Doy OF INJURY (APPROX.)	(Yeon) (Hou	While A	URY OCCURRED Not While All Work	e 21F, HOW DID INJ	URY OCCUR?		
	22. I certify that () (this that (1) (we) last sow the			301 0 in	19 67 and th	19 67 to (1645) of in (my) (our) opin		occurred on the
-		ses stoted ob	bove. (I) (W	e) (did (did not)	riew the body ofter death.			
2	23A. SIGNATURE	make	alli	. M.D. Att	ending Med.	Stoff -	23B, DATE	
-	DOC BUYELCIANE	3000		Phy	s. Director	Stoff Phys.	8 1	9.67
	NAME (Type)	-45 1	mako	ui M.D.	Md-gen. Ho	osp. Ba-	Ptimo	or 21201
24A.	REMOVAL (Specify)	PATE	24C. NAME	of CEMETERY of CR	EMATORY 24D. LO	OCATION (Ci	ly, town, or o	county) (Stot
ŀ	SURIAL 8/	23/67	OA	KHAU	IN- U	NDALK,	M.	4.
25A.	AUG 22 19		NAME OF R	EGISTRAR	25C. FUNERAL DIRECTOR	3 1 1	7 1	ADDRESS
				THE R. L.				11 11 111
75 7	50-REV. 1/1/65	or allow	eco 4,	tableman	(Shoule for	ally IN	cedal	164

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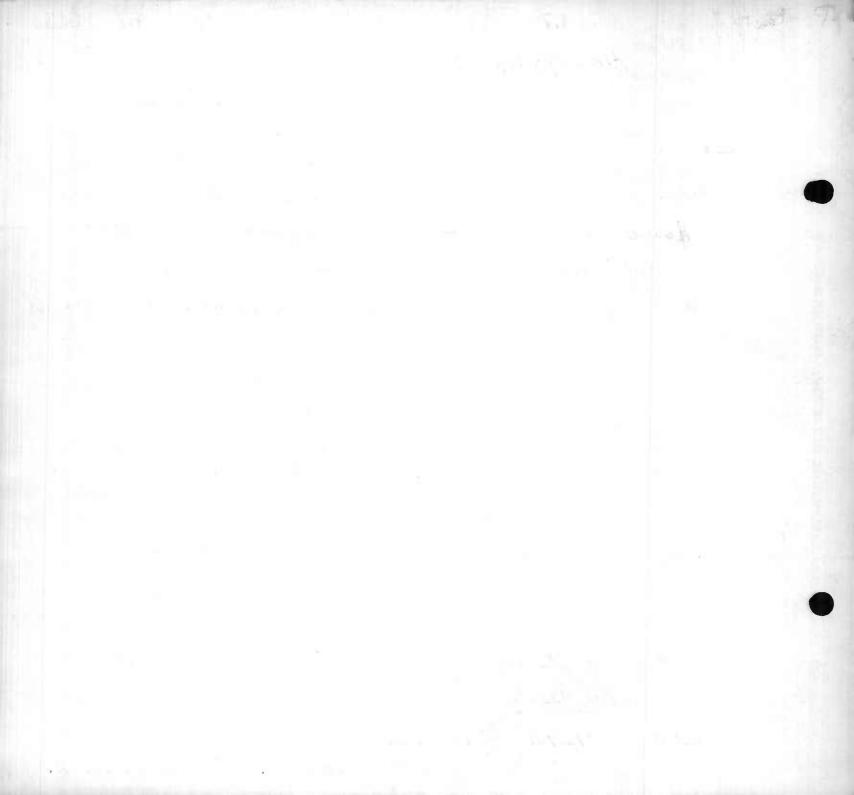
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3 4	535 67 8		HEALTH DEPARTMENT	D	67 8012
	H NO.		TE OF DEATH	Registered No	
1. N.	AME OF DECEASED WARREN LIN	DEMON, SIZ,		ND HOUR OF DEATH	
10	LACE OF DEATH IN BALTIMORE MARYLAND	emon, SR.	LA HEHAL RESIDENCE (Who	uy 20 196	12:40 H M
3. P	TACE OF DEATH IN BALTIMORE, MARTLAND		A. STATE B. COUN	NTY	M A
F	ULL NAME OF (If not in hospital or institution BATOMINA Region CITY	tion, give street	C. CITY OR TOWN Of ou	A THE STATE OF THE	URAL ond give township)
	4940 EASTERN A		BALTIMORE	irside city limits, write k	OKAL one give lownship)
1	BALTIMORE, MARY			rurol, give location)	
	Diaz Ello III gillia	LIAND ELECT	7841 GOUGH	ST 2122)4
5. S	EX 6, RACE 7. MAI	RRIED, NEVER MARRIED OWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
MA		MARRIED	11-13-20	46	
	USUAL OCCUPATION (Give kind of work 10B. KfN during most of working life, even if retired)	ID OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?
		TEEL MEGIS.	MARYLAND		USA
3. [FATHERS NAME		14. MOTHER'S MAIDEN NA	ME	
	WILLIAM LIN	VDEMON	MARGARET	r ·	
	Was Deceased Ever in U.S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	212	ADDRESS
a	WES IN WITT	218-01-9204	RECORDS-BCH-		
	18. 14. 20	CAUSE O		-4940 EADII	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY		A A	1	ONSET AND DEATH
	LEADING TO DEATH	(A) 2	My venide	al intail	esn
	(This does not mean the made of dying, heart failure, asthenia, etc. It means the dis	e.g., DUE TO	Mocnoli	1	
	injury ar camplication which caused deoth.)		1	74	
	ANTECEDENT CAUSES	DUE TO		*****************************	
	DISEASES OR CONDITIONS, if any, grise fa the abave cause (A) storing				
	UNDERLYING CONDITION last.	fhe (C)			
	11				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO				
CAT	DISEASE OR CONDITION CAUSING IT.		120A AUTORSY2 (Year N	all 1208 IE VES WERE I	INDINGS CONSIDERED
ERTIFIC,	WAS PERFORMED	OK WHICH OFERATION	20A. AUTOPSY? (Yes or N	IN CERTIFYING CA	JSES OF DEATH?
CER	21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., in	n or obout 21 C. WHERE DID	(If in Boltimore	City, give exact locations
AL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, o	ffice bldg., INJURY OCCUR?		
U	21D. TIME (Month) (Doy) (Year) (Hourt	21E, INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?	
ME	OF INJURY (APPROX)	While At Not Whil			
		Work At Work		100	
	22. I certify that (I) (this hospital) atten		1		ug 20 1967
	that (I) (we) lost sow the deceased alive				nlan death occurred an the da
	and hour and fram the couses stated abo	ve. (I) (We) (did) (did not)	riew the body ofter death.		
	23A. SIGNATURE	200 / 1		s. " —	23B, DATE SIGNED
	Nea /	Rouan an M.D. Att	s. Med. Director	Stoff Phy s.	lug 20, 1967
	23 C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		21224
		RROW M.D.	BCH_4940 EAST	TERN A VENUI	E-BALTIMORE, MD.
24 <u>A</u>	·	4C. NAME OF CEMETERY OF CR			ty, town, or counte) (State)
3	NR124 8/23/1960	OAKL	AWW	MITO.	ond.
25A	DATE REC'D AT HEALTH DERT 7 288. N.	ALL OF REGISTRAR	25C. FUNERAL DIRECTO	Ra A	ADDRESS
	1001 0 1001 OF	at E. Jallina	Willet Brus	En Barble	1 (Leston 24
140	150_PEV_1/1/65			- pre	- Light



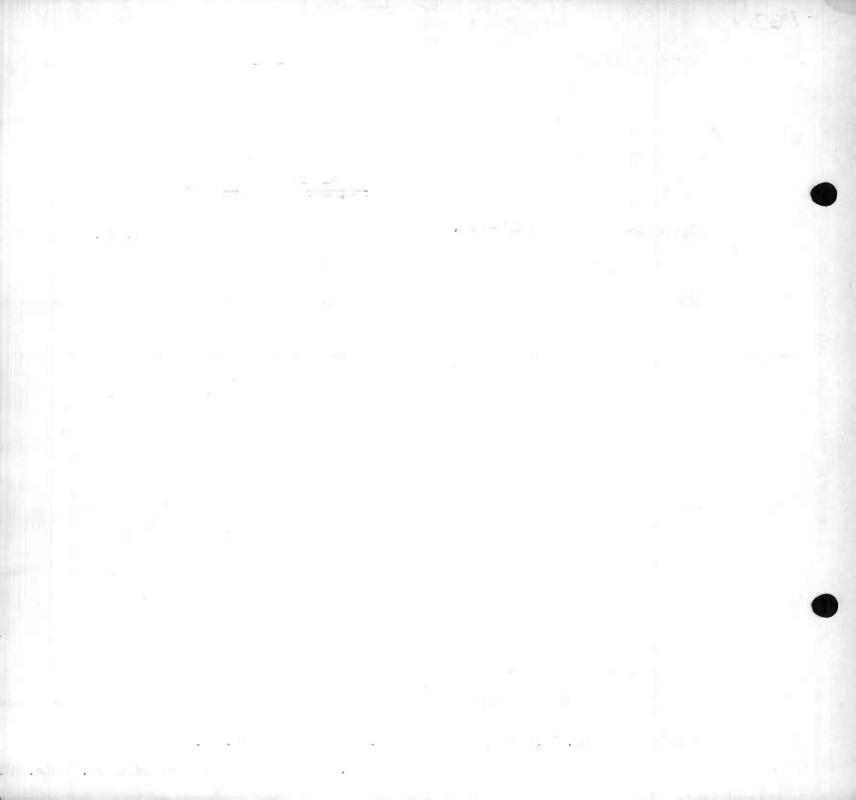
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a the body was released to the hospital by a medical examiner. Also, if the direct or contributing cashows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause was D.O. A.	deceased prior to death); and (6) No physician was in regular afterdance on the deceased prior to verified annotation is made, and the prior to deceased prior to deceased prior to deceased prior to deceased prior to decease the remains are emblamed or final disposition is made.
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1.01	BALTIMORE CITY H	EALTH DEPARTMENT	0040
2620	BIRTH NO. 67 8013 CERTIFICAT	E OF DEATH Registered No.	67 8013
deat deat ease n th Suc	(Type of Print) Alice May Brown N	2. DATE AND HOUR OF DEATH August 20, 1967	1/35 A M
of of th.	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	. USUAL RESIDENCE (Where deceased lived. Il insti	
hospir sse of (5) De ance deat	FULL NAME OF (If not in hospital or institution, give street	MARYland Betty	ARUNLEI
dar dar	HOSPITAL OR addiess or location)	C. CITY OR TOWN (If outside city limits, write RU	RAL and give township)
Co Co Co Co Co Co Co Co Co Co Co Co Co C	University of Maryland Hospital	GIEN BRENIE	52-00
ng ung roi		O. STREET ADDRESS (If ruiol, give location)	
de red	C COV. LA DA CO. T. ALADRED MENTO MARRIED	1701 KIMBER Koad	W. 11
ntrib rmin egul ased s ma	Female Couc. 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specily) WIDOWED, DIVORCED (specily)	JUNE 1, 1885 9. AGE (In years lost bighday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min,
h co	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11 done during most of working life_even if retired)	. BIRTHPLACE (State or loreign country)	12. CITIZEN OF WHAT, COUNTRY?
or nd	Housewife Own home	MARYLand	U.S.A.
vas vas		MOTHERS MAIDEN NAME	
5. 4. T. R.	David Michel Brilhart	Ida Caltrider	
ind; eath	15. Was Deceased Ever in U. S. Armed Faices? (Yes, no or unknown) (II yes, give war at dates at service) SECURITY NO.	. INFORMANT	ADDRESS
the the de de nce	No	METRIAE. CONNELLY 17	KI KIMBER Rd.
# > D D L	18. 44. 9 O . I CAUSE OF		INTERVAL BETWEEN ONSET AND DEATH
his of an fan end end of	DISEASE OR CONDITION DIRECTLY		
All	LEADING TO DEATH (This does not mean the made of dying, e.g., DUE TO	diovoscular collapse (shock)	3 days
Par to	I heart failue aethenia etc. It means the disease		71.0
in a gold	ANTECEDENT CAUSES (8) Acri	te Myocardial Infantion	5 days
A f A f			7
(3) (3) (3)	rise to the obove cause (A) stating the (C)	enus denotic Candiovascular disease	<i>\$</i>
al al		erles Heart Failure	21.
dic dic dic dic dic dic	The second secon	1 / Carl Faller	3 days
me me ph ph			10-7
od od od sic	198. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in c	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FIN IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?
by	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in of	ur about 21 C. WHERE DID (If in Soltimore (City, give exact location)
al (2) (2) (2) (2)	OR CONTRIBUTING CAUSE OF home, form, loctory, street, office etc.)	e bldg., INJURY OCCUR?	,,
W Vere	O 21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
hos atu (6,	While At Not While At Work		
y n y n x ce	22. I certify that (I) (this hospital) ottended the deceased from	1967 to A	Va. 20 1967,
app forth fan i (e i); a		19.6.7 and that in (my) (our) opinion	
sed to set to ent of spital eath); ust be	and haur and fram the couses stated above. (1) (We) (did) (did not) vie		
is be a seed to ent of ent of spital death)	23A. SIGNATURE		3B. DATE SIGNED
ho o	Ruchard H. Anderen M.D. Attend	Med. Stoff Phys.	August 20, 1917.
9 2 5 7 7		D. ADDRESS	
was r was r An a Prior pprov		Investy of Maryland Howart	al Baltimon, Md.
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREM		town, or county) (State)
his certificat he body was hows: (1) An ras D.O.A. a eceased pric	Burial 8/22/67 Meadowerdge	1)20554 6	nouland
SASSE	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
the the sho	AUG 22 1967 Relieb E, Sarlingma	Raymond C. Fink Glen	Burnie, Md.



FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such
	This certificate must be the body was released shows: (1) An accident	was D.O.A. at a hospin deceased prior to dea

уре	Tertrud	le Seibert			2. DATE A	ND HOUR OF DEATH	1	7:20
. PL	ACE OF DE	ATH IN BALTIMORE, MA			4. USUAL RESIDENCE (Wh. A. STATE B. COU	ere deceased lived. II	institution: resider	
H	JLL NAME O OSPITAL OR ISTITUTION			give sweet	c. city or town (if or Baltimore	rurol, give location)	RURAL ond give	e township)
Be	olton H	Hill Nursing H	Iome		28 Warren R			
	emale	6. RACE White	Wido	W (specify)	4-29-1899 7-29-1500	9. AGE (In years lost birthdoy) 68	II Under 1 Y Months Doy	s Hours Min.
Be	during most of aby Set	working lile, even if retired)	Self -	Emp.	Maryland		U.S.A	OUNTRY?
V		Scheihing			Unkown	ME		
ies,	No Deceased no or unknown	d Ever in U. S. Armed For n) (II yes, give wor or dote	rces? es of service)	16. SOCIAL SECURITY NO. 215 46 51274	Records Bolt	on Hill		ohn Street
		ANTECEDENT CAUSES		IN OU	Unosefeolo	Centolule	4 -3	1 m
	DISEASES (rise to th UNDERLYIN	ANTECEDENT CAUSES OR CONDITIONS, if the above couse (A) G CONDITION last.	ony, giving slaling the	(C)	Muselins	Gentolines	3	lus.
ATION	DISEASES (rise to the UNDERLYIN OTHER SIGN TO THE D DISEASE OR	OR CONDITIONS, if ne above couse (A) G CONDITION last. II IIIFICANT CONDITIONS CONDITIONS CONDITION CAUSING CONDITION CAUSING FOPERATION [198, CON	ony, giving stating the CONTRIBUTINATED TO THE STATE OF T	(C) (C) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G	Unoselioto Unisoelius [20A. AUTOPSY? (Yes or N		E FINDINGS CON	NSIDERED NO
L CERTIFICATION	DISEASES (in its and i	OR CONDITIONS, if ne above couse (A) G CONDITION last.	ony, giving slaling the CONTRIBUTIN ATED TO THE STORMED	G HE WHICH OPERATION L. PLACE OF INJURY (e.g., inne, tarm, loctory, street, off	20 A. AUTOPSY? (Yes or N	IN CERTIFYING C	E FINDINGS CON AUSES OF DEAT	H?
AEDICAL CERTIFICATION	DISEASES (in its and i	OR CONDITIONS, if the above couse (A) G CONDITION last. IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	Stating The Stating The Stating The Stating The Stating To TH IT. CONTRIBUTION FOR THE STATE TO THE STATE	G HE WHICH OPERATION D. PLACE OF INJURY (e.g., inne, farm, loctory, street, off) INJURY OCCURRED hile At Not While	or obout 21C. WHERE DID ince bldg., INJURY OCCUR?	IN CERTIFYING C	AUSES OF DEAT	H?
MEDICAL CERTIFICATION	DISEASES (In ise to the UNDERLYIN) OTHER SIGN TO THE DISEASE OR 19A. DATE OF CONTRIBUTION (APPROX.) 22. I certify that (I) (we) and haur and	OR CONDITIONS, if the above couse (A) G CONDITION last. IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	CONTRIBUTINATED TO THIT. IDITION FOR FORMED (Hour) 21E Whomostic Whomosti	DUE TO (C) G G HE WHICH OPERATION D. PLACE OF INJURY (e.g., in ne, tarm, loctory, street, off off the control of the con	or obout 21C, WHERE DID ice bldg., INJURY OCCUR?	URY OCCUR?	AUSES OF DEAT	H?
MEDICAL CERTIFICATION	DISEASES (In ise to the UNDERLYIN) OTHER SIGN TO THE DISEASE OR 19A. DATE OF CONTRIBUTION (APPROX.) 21A. ACCIDE OF INJURY (APPROX.) 22. I certify that (I) (we)	OR CONDITIONS, if the above couse (A) G CONDITION last. IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	CONTRIBUTINATED TO THIT. IDITION FOR FORMED (Hour) 21E Whomostic Whomosti	DUE TO (C) G G HE WHICH OPERATION A. PLACE OF INJURY (e.g., in no., tarm, loctory, street, off no., tarm, loctory, street, loctory, loct	or obout 21C. WHERE DID ice bldg., INJURY OCCUR? 21F. HOW DID IN 19 and the wither bady after death. Med. Director	IN CERTIFYING C (If in Boltimo	AUSES OF DEAT	H? Total (occition) Total (occition)
MEDICAL CERTIFICATION	DISEASES (in itse to the UNDERLYIN) OTHER SIGN TO THE DISEASE OR 19A. DATE OF 19A.	OR CONDITIONS, if the above couse (A) G CONDITION last. IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	CONTRIBUTINATED TO THIT. IDITION FORMED (Hour) 21E (Hour) 21E Wh wo at all ive on ted obave. (DUE TO (C) G G HE WHICH OPERATION A. PLACE OF INJURY (e.g., in no., tarm, loctory, street, off no., tarm, loctory, street, loctory, loct	or obout 21 C. WHERE DID ice bldg., INJURY OCCUR? 21 F. HOW DtD tN 19	IN CERTIFYING C (If in Boltimo	AUSES OF DEAT	The Total location) 7 196 7 Courred on the course of the cou



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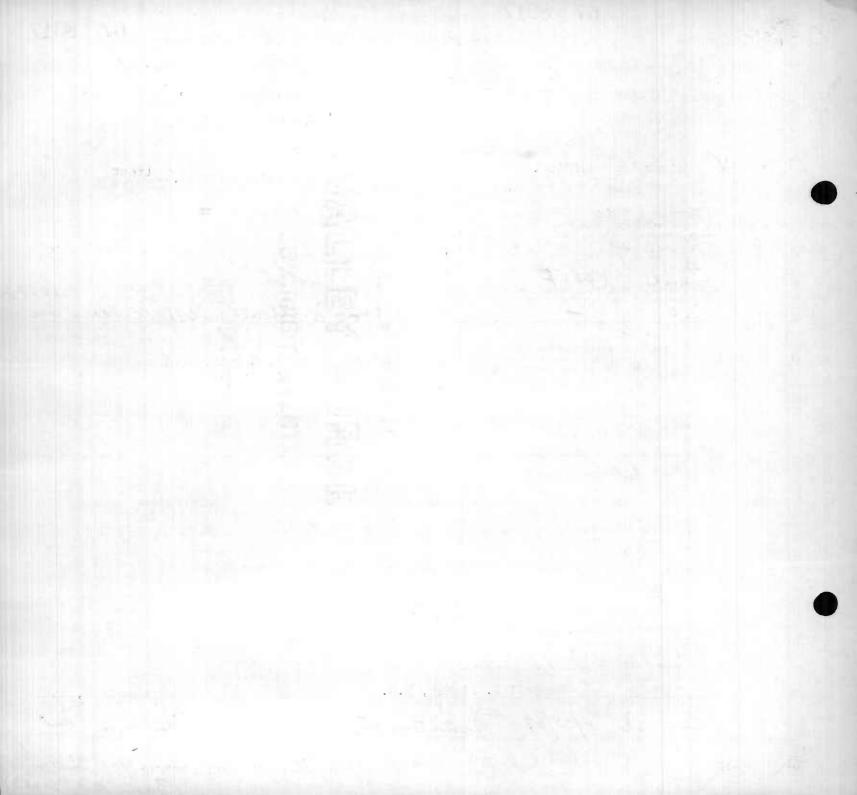
BALTIMORE CITY HEALTH DEPARTMENT

Mary Myn.

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Ch	BALTIMORE CITY	HEALTH DEPARTMENT	/ /	250 0010
BIRTH NO.	8016 CERTIFICA	TE OF DEATH	Registered Na.	57 8016
M.E. CASE NO.	CERTITICA		(-)	
Type or Print)	10.		OUR OF DEATH	
Kay E.	Machel	12.8 S.S.	0.67	11330 PM
3. PLACE OF DEATH IN BALTIMORE, MARYLAN	D	4. USUAL RESIDENCE (Where de A. STATE B. COUNTY	ceosed live If institu	rtion: residence before admission
FULL NAME OF (If not in hospital or inst	itution, give street	1200 Pag. 11	1001 951	ADJACE.
HOSPITAL OR oddress or location) - INSTITUTION	give siles	C. CITY OR TOWN (If outside	city limits, write RUR	AL and give township)
INSTITUTION 1		Laurlea		1/-4/3
University Hospit	al		give location)	
5. SEX 6. RACE 7. M.	ARRIED, NEVER MARRIED		GE (In yeors If	Under 1 Yr. , If Under 24 Hrs
	DOWED, DIVORCED (specify)	10 11 (25)	4 40	onths Doys Hours Min.
Male White M 10A USUAL OCCUPATION (Give kind of work 10B. K	IND OF RUSINESS OR INDUSTRY		6 8	2. CITIZEN OF
done during most of working life, even if retired)		1./ 0/		WHAT COUNTRY?
retired 11	4E Stone	W. Guainca		U.S.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Unknown		Unknov	730	
15. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(Yes, no oi unknown) (If yes, give wor or dotes of s	SECURITY NO.			rnie, Mo
NO		Mrs. Marjorie Bo	oyd, 387 Ph	irne Road
18. 157 X I	CAUSE	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	Y	A	00	
LEADING TO DEATH	(A)	Carcinoma o,	Lancier	th and a second
(This daes not meon the mode of dying				A=
heart failure, asthenio, etc. It means the d				
ANTECEDENT CAUSES	DUE TO	######################################	************************	
DISEASES OR CONDITIONS, if ony, rise to the obove cause (A) station				
UNDERLYING CONDITION lost.	ig ine (C)			
O OTHER SIGNIFICANT CONDITIONS CONTR	BUTING			
TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	TO THE			
	N FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No) 20	B. IF YES WERE FINE	DINGS CONSIDERED
E NAS PERFORME	P	IN	B. IF YES, WERE FINI	S OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	Laparo Lorny	n or about 21 C. WHERE DID	(If in Rollimore Ci	ity, give exact location)
OR CONTRIBUTING CAUSE OF	11B. PLACE OF INJURY (e.g., i	ffice bldg., INJURY OCCUR?	til ill bollillote Ci	ty, give exoct locolon
DEATH (notify medical examiner)	etc.)			
OF INJURY (Month) (Doy) (Year) (Hou	11) 21E. INJURY OCCURRED	21F. HOW DID INJURY	OCCUR?	
₹ (APPROX.)	While At Not Whi			
			6	113
22. I certify that (I) (this hospital) atte				.30 1967
that (I) (we) lost sow the deceased ofi	ve on 8,80	19 6 7 ond that I	n(my) (our) opinio	n deoth accurred on the do
and hour and from the causes stated at	ove. (I) (We) (did) (did not)	view the body after death.		
23A. SIGNATURE			23	B. DATE SIGNED
18.	M.D. All	ending Med. Stoff		
1 ogus filiso	Phy		s. U	-01
23C. PHYSICIAN'S NAME (Type)	O	23D. ADDRESS	11 1	D DA MC
ROBER	S PIERSON M.D.	unwerset	Hospete	el Dalliman
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CR	EMATORY 24D. LOCA	TION (City.	town, or county) (State)
REMOVAL (Specify)				
Burial 23 Aug.67	Greenbriar Memo	orial Gardens Le	ewisburg, We	est Virginia
25A, DATE REC'D BY HEALTH DEPT. 25B. P	NAME OF REGISTRAS	25C. FUNERAL DIRECTOR		ABDRESS
AUG 22 1967 R.C.	and a town	Airliey Funera	1 Home. Gle	en Burnie Md.
VS 150 BEV 1/1/45		0 2 4 0		

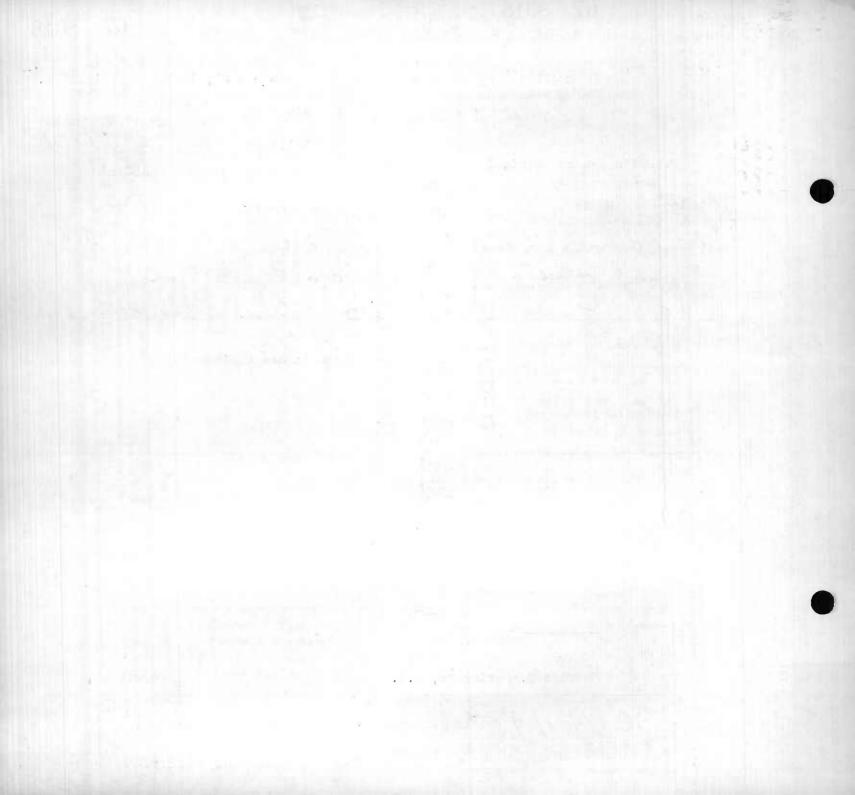
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67 8018 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 8018

M.E. CASE NO.	
I. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD
CHARLES SMITH	August 21, 1967 1:18 A. _{M.}
A	USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) . STATE Maryland
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Baltimore CITY OR TOWN (If outside corporate limits, write RURAL and give township)
- 111 - 121	STREET ADDRESS (If rurol, give locotion)
Franklin Square Hospital (DOA)	908 South Carey Street
6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Male White	PATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Doys Hours Min. 68
10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 114	CIRTHPLACE (Stote or loreign country) 12. CITIZEN OF WHAT COUNTRY?
Truck aprile Crane Co.	Mother's MAIDEN NAME
Troub I Smith	Dorac E. Ireland
5. WAS DECEASED VER IN U.S. ARMED FORCES? (es, no or unknown) (if yes, give wor or doles of service) 16. SOCIAL SECURITY NO.	NORMANT ADDRESS
18. CAUSE OF	F DEATH INTERVAL BETWEEN
7 8 9 9	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	sclerotic heart disease
(This does not mean the mode of dying e.g., heart foilure, osthenia, etc. It means the disease, injury or complication which coused death.)	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	or about 21 C. WHERE DID (If in Boltimore City, give exact location) Le bldg., INJURY OCCUR?
21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F, HOW DID INJURY OCCUR?
OF INJURY (APPROX.) WHILE AT NOT WH AT WORK	IILE —
22. I certify that I held an Inquiry Inspection X Autop	sy and that an this basis, death in my apinian
resulted fram: Natural causes X Accident Suicide	Hamicide Undetermined manner
ACTUM ON I SER	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE M.D. A.	SSISTANT MEDICAL EXAMINER X
NAME (Type)	SSOCIATE MEDICAL EXAMINER August 21, 1967
3A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY of C	CREMATORY 23D. LOCATION (City, town, or county) (Stotel
24. DATE REC'D BY HEALTH DEPT. 248, NAME OF REGISTRAR	[24C. FUNERAL DIRECTOR J'ADDRESS
AUG 22 1967 Robert E. Farbuma	She litera So I go Heller IX
/S 151-REV. 1/1/65	Ba H. 24. 2127



Strips Captury MERCHANT

LOW EMBR ASHLURN

PURIAL 8-20-4 BAPTIST CHURCH IRVINGTON VIRGINIA

	nm c	BALTI/	MORE CITY H	EALTH DEPARTMENT	. /	67 8020
BIRTH NO.	0/ 3	3020 CER	TIFICAT	E OF DEATH	Registered No	. OI OUZU
M.E. CASE NO.		CLI	TILICAT		NE HOUSE	
(Type of PriMCGINNIS					JST 18, 19	
3. PLACE OF DEATH IN BALTI	MORE, MARYLAN	D			ere deceased lived. If	institution: residence before admission)
FULL NAME OF (If not	in hospital or inst	itulion, give street		MARYLAND COU		Balt
OSPITAL OR oddress or locolion)						te RURAL and give township)
				BALTIMORE	21228	3 3300
CATON & WILKE		•			f rural, give location)	
BALTIMORE, ME	21229			1307 BLAC	CK FRAIR F	
S. SEX 6. RACE		ARRIED, NEVER MAR		DATE OF BIRTH	9. AGE (In yours lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months! Doys Hours Min.
MALE WHI		SINGLE		11-02-89	17	
OA. USUAL OCCUPATION (Give	kind of work 10B. H		R INDUSTRY 1			12. CITIZEN OF
PETTRED WES	TERN EL	EC WES	TERNIC	MARYLAN	ND O	WHAT COUNTRY?
3. FATHER'S NAME		EL		. MOTHER'S MAIDEN N.	AME	
JOHN E. (BECE	ASED)			SARAH E.	(MCKENSIE)	(DECEASED)
5. Was Deceased Ever in U. S.	Amed Farrage	1 6. SOCIAL	14.	· INFORMANT		ADDRESS
Yes, no or unknown) (If yes, give				· INFORMANT		ADDKE22
NO		216	01 924	ST. AGI	NES RECORE	S-CATON & WILKEN
1B. 400 1			CAUSE OF			INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY				SO	1
	LEADING TO DEATH				Rylems	days.
	(This daes not mean the made of dying, e.g., DUE TO heart failure, asthenio, etc. It means the disease,					
injury or complication wh	ch coused death	.)	1	1110	711-	1/0
ANTECEDEN	T CAUSES	(B)		c 14 · m ·	V EN
DISEASES OR CONDIT						
rise to the above c		g the (C)			
OTHER SIGNIFICANT CON	DITIONS CONTR	IBUTING				
TO THE DEATH BUT	NOT RELATED	TO THE				
U 104 DATE OF ORDATION	198. CONDITIO	FOR WHICH OPER	ATION	20A. AUTOPSY? (Yes or h	ol 208. IF YES, WER	RE FINDINGS CONSIDERED CAUSES OF DEATH?
O OPERATION	WAS PERFORM				IN CERTIFIENG C	CAUSES OF BEATH?
U 21A. ACCIDENT WAS UNI	ERLYING	21B. PLACE OF IN	NJURY (e.g., in	e bidg., INJURY OCCUR?	(If in Boltim	nore City, give exact location)
DEATH (notify medical exor		etc.)	ny, sneet, onc	e orage, INJURI OCCUR:		
O 21D. TIME (Month) (D	oy) (Year) (Hor	of 21E INJURY OC	CURRED	21 F. HOW DID IN	LIURY OCCUR?	
OF INJURY		While At	Not While			
TAPPROLI	(APPROX.) Work At Work					
22. I certify that (I) (thi	s hospital) atte			AUGUST 16	19 67 to AL	JGUST 18 19 67
that (I) (we) last saw th	e deceased ali	ve an AUGU	ST 18	19 67 and 1	hat in (my) (aur) a	pinian death accurred an the dat
and haur and from the c	uses stated at	ove. (1) (We) (did)	w the bady after death			
23A. SIGNATURE	1	~		, , , , , , , , , , , , , , , , , , , ,		23B. DATE, SIGNED
Ja Jas	- Amme	h. D	M.D. Atlend	ing Med.	Stoff	x/1x/67
23C. PHYSICIAN'S	,		Phys.	D. ADDRESS	Phy s.	0/10/0/
NAME (Type)	NAN S:	NMEZ		CATON & WH	EKENS AVE	5.
/10			M.D.	1011 FRE	DERICK	ROAD, 21228
REMOVAL (Specify) 24	DATE	24C. NAME of CEMI	ETERY OF CREM	ATORY 24D.	LOCATION	(City, town, or county) (Stotel
BURIAL	122/67	DRUID 1	Ridge	Cen 1	BALTIMORE	County Hd
25A. DATE REC'D BY HEALTH	DEPT. 25B. 1	AME OF REGISTRAR	0 ===	25C. FUNERAL DIRECTO	OR .	ADDRESS .
AUG 25	2 1967 1 175	Desto E, Ja	Secure .	E. 8 20/20	M-18-	301 Frederick Rd
VS 150-REV. 1/1/65				10 11 1 TO	javo	ROTE OF MIL

MEST IN THE LINE SECTION OF SECTION 1 1 2 252 A CALL CONTROL .2.1 ENGRAM CHATTER DESCRIPTION CARTER (SECRECE) .E LUL (SERVETS:) (LITRESCA) . SHAVA SIZ J. S. SIZ ST. VALUE DESCRIB-CAVOR & MILESPAN

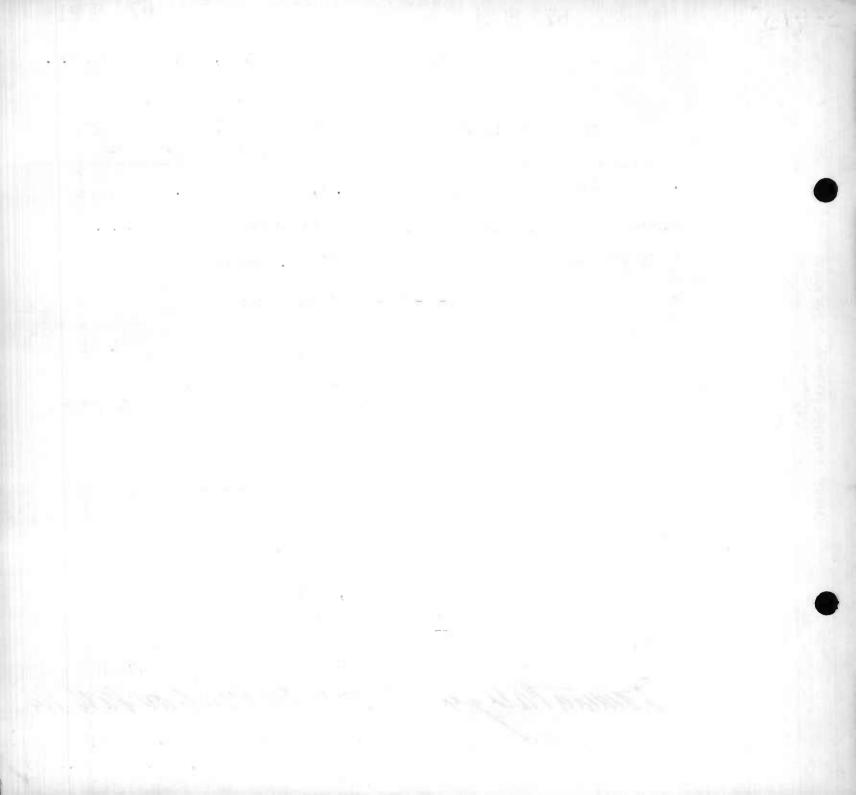
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Some a species and who can continue was A STATE STATE OF STAT

VS 150-REV. 1/1/65

a hospital and

	67	802		Y HEALTH DEPARTMENT	D IN	67 8021
MRTH NO.	0.0	UUL	CERTIFICA	ATE OF DEATH	Registered Na	
NAME OF D	ECEASED				ND HOUR OF DEATH	
Type or Print)	Sister	Agnes S	Gullivan		st 19, 1967	8:10 P.M.
PLACE OF	DEATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (WHA. STATE B, COU	ere deceased fived. If in	stilution: residence before admi
FILL NAME	0.00	1		Maryland	Baltimore Ci	itæ
HOSPITAL O	R oddress or locolio	n)	, give street	C. CITY OR TOWN (If o		
INSTITUTION	Villa Sa	int Mic	haal	Baltimore	21207	28-4
4	ATTTA DA	THE PILC	MaeT	D. STREET ADDRESS (I	f rural, give location)	
/				4000 Forest	Hill Road	
SEX	6. RACE		D, NEVER MARRIED	B. DATE OF BIRTH	9, AGE (In years	If Under 1 Yr., If Under 24
F.	White		er married	Apr. 2, 1878	lost birthdoyl yrs.	Months Doys Hours N
OA. USUAL OC	CUPATION (Give kind of wor			Y 11. BIRTHPLACE (State or for		12. CITIZEN OF
	of working life, even il retired)	C: - L	0.01	Massachuset	to	WHAT COUNTRY?
Reti		Sister	of Charity			U.S.A.
3. FATHER'S N				14. MOTHER'S MAIDEN NA		
Denn:	is Sullivan			Ellen J. Do	onohue	
5, Was Deceas	sed Ever in U. S. Armed Fo	rces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	, , co, g. to not of doll		219-54-0840	J Sister And	rea	
1B. Z.f.	0011			OF DEATH		INTERVAL BETWEEN
/ 9	ASE OR CONDITION DI	RECTIV	3302			ONSET AND DEAT
0136	LEADING TO DEATH		(4)	Coronary occilis	ion	1 day
	not meon the mode of		DUE TO			
	re, asthenio, etc. Il meons camplication which caused			Cardio-vascular	dinones	
	ANTECEDENT CAUSES		(B)		ursease,	
DISEASES	OR CONDITIONS, if		DUE TO	arterioslerosis		15 years
rise to	the obave couse (A)			•••••••		
UNDERLYI	ING CONDITION lost.					
Z 071.00	II	ONTRIBLET	N.C.			
E TO THE	GNIFICANT CONDITIONS (DEATH BUT NOT REL	ATED TO T	HE			100
19A. DATE	OF OPERATION 198. CON		WHICH OPERATION	20A. AUTOPSY? (Yes or N	No) 208, IF YES. WERF F	FINDINGS CONSIDERED
E	was PER			No	IN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?
U 21A. ACCII	DENT WAS UNDERLYING	21	B. PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID	(If in Bollimore	City, give exact location)
▼ DEATH (no	IBUTING CAUSE OF	ho	ome, form, foctory, street,	office bidg., INJURY OCCUR?		
21D. TIME	(Month) (Doy) (Year)	(Haus) 21	E. (NJURY OCCURRED	21F, HOW DID IN	IIIIBY OCCUPS	
S OF INJURI			hile At Not WI		130KT OCCUR:	
(APPROX.)			/ork At Wor	rk 🗀		
22. I certi	ify that (1) (this haspita	1) attended	the deceased fram	April, 1952	.19ta	19
that (I) (w	ve) last saw the deceas	ed alive an	August 1,	19 67 and t		
and haur	and fram the causes sta	ted abave.	(I) (We) (did) (did nat)	view the bady after death.		
23A. SIGN A						23B, DATE SIGNED
			M.D. A	ttending Med.	Stoff	8/20/67
23C, PHYSIA	CIAN'S		7	23D. ADDRESS	Phy s.	8/20/67
23C. PHYSIC	170	11/10		and the	Soi!	NO BY
	Wellell 1	Ulla	gell M.C	VOIC INC	TELLICA	KALLO M
AA. BURIAL C	REMATION, 248. DATE L (Specify)	24C	MAME OF CEMETERY OF C	REMATORY 24D,	LOCATION (Ci	ly, town, or county) (Si
BURI		7 S	Seton Cemeter	y - on ground	Seton Tret	Ba.,Reisterstown
	O BY HEALTH DEPT.		OF REGISTRAR	25C. FUNERAL DIRECTO	OR THIS U.	ADDRESS
	AUG 22 1967	Rope.	& E Jack As	Stewart & M	lowen Co.108	W.North Av., Ci
		A THE REST WHEN	The second secon	2 1 2 4 1 1 2 3 3	4	



67 8022 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered 67 8022

M.	E CASE NO.									
î. (Ťy	NAME OF DEC		* * * * * * * * * * * * * * * * * * * *	DESTRICT DO		2. D.		HOUR PRONO		
			LLIAM	REYNOLDS				ist 17, 19		1:25 A.
3.	PLACE IN BALT	IMORE, MARYLAND, V	VHERE PRONOL	INCED DEAD	A. STATE			В.	institution: re	sidence before admission)
FU	LL NAME OF			JTION, GIVE STREET	C CITY O		yland		'A. DIIDAI	and since to make the
HC IN S	SPITAL OR	ADDRESS OR LOC	ATION)		C. CITT O				Will be and the	ond give tewnship)
							timor		1	0
	P	rovident Hos	pital	(DOA)	D. STREET			give location)	200	W MANAGE
5		6. RACE			0.0475.05		9 Per	nsylvania	1 Avenue	
5. :			WIDO WED, I	DIVORCED (specify)	B. DATE OF	BIKIM		9. AGE (In yolost birthdoy)		ler 1 Yr. If Under 24 Hrs.
1	Male	Negro	Wido				?	74		
t0A don	. USUAL OCCL e during most of v	JPATION (Give kind of wo working life, even if retired)	THOS. KIND OF	BUSINESS OR INDUSTRY	44		or foreig	n country)		ZEN OF AT COUNTRY?
	Labore				Holl		a		U	SA
	FATHER'S NAM	E			14. MOTHE	R'S MAIDE	N NAM			
		Reynolds				becca	Phi	lpot		
		O EVER IN U.S. ARME		16. SO CIAL SECURITY NO.	17. INFORM	ANT			ADDRE	
	no			198-07-8378	Mrs	Cora	Hal	e, New	York	City
	1B. 44 4	3 X.	2000	CAUSE	OF DEATH	1			100	INTERVAL BETWEEN
	DISEAS	SE OR CONDITION D	NRECT! Y	Hypert	ensive	and a	arter	iosclero	tic	ONSET AND DEATH
		LEADING TO DEAT	Н	(A) car	diovas					
	heart failure, injury or cor	osthenio, etc. It meon nplication which caused	t dying, e.g., s the disease, death.)	DUE TO						
	Δ	NTECEDENT CAUS	2							
	DISEASES	OR CONDITIONS, IF	ANY, GIVING	(B) DUE TO						
	RISE TO TH	E ABOVE CAUSE (A) S	STATING THE							
z				(C)						
CERTIFICATION		11								
O		NIFICANT CONDITIONS DEATH BUT NOT RE								The second second
F		R CONDITION CAUSIN		WILCH OPERATION	Too 4 444			loop to yee		
CE	19A. DATE OF		REPORMED	WHICH OPERATION	20A. AU	IOPST? (Tes		IN CERTIFYING	CAUSES OF D	
	21 A. EXTERNA	L CAUSE WAS	218	PLACE OF INJURY (e.g., i	n or obout 2	Yes	F DID		es	location)
EDICAL	UNDERLYING	OR CONTRIB-	home etc.)	, form, foctory, street, o	ffice bldg., II	NURY OC	CUR?	iii bollililole Ci	y, give exoci	1000110117
ME										
-	OF INJURY	(Month) (Doy) (Ye		1E. INJURY OCCURRED		IF, HOW L	DID INJU	IRY OCCUR?		
	(APPROX.)		m. V	VHILE AT NOT V	ORK					
	22.	tify that I held an	Inquiry	Inspection Aut	opsy X	ond tho	ot on thi	s bosis, deoth	In my opini	on
	resul	ted fram: Notural co	ouses X A	sceident Suicide		micide	7 1	Jndetermined m	onner	
		00			-			AMINER		
	ACTUAL		2	3-00				AMINER X		DATE SIGNED
	SIGNAT		2	W.D.				(AMINER _		
-	HAME (Type) Charle		ingate, M.D.						st 17, 1967
	MOVAL (Specify		23	C. NAME OF CEMETERY O	CREMATO	RY	23D. L	OCATION	City, town, or	county) (Stoto)
]	Burial	8/24/	67	Mt Calvary	Cemet		A	A Count	y Md	
24	A. DATE REC'D	BY HEALTH DEPT.		OF REGISTRAR		UNERAL DI	IRECTOR			ADDRESS
		AUC 99 106	7 00	R. Q. Frederica	Ad	olphus	Ha.	1stead 12	06 W No	orth Ave
_	151 0514 1414	AU15 Z.4 130	I I College	a characterine	31 0	- [] -			-	

Mrs. John Cores Male, Mose - 112

VS 150-REV. 1/1/65

M.	Or Or	1 00	()()	Y HEALTH DEPARTMENT		67. 8023
	RTH NO.	00.	23 CERTIFICA	ATE OF DEATH	Registered Na.	01. 0023
	E CASE NO. NAME OF DECEASED			2. DATE AN	D HOUR OF DEATH	
Ту	pe or Print) Walter	Cook		Anama	st 17, 1967	1 11:07
3.	PLACE OF DEATH IN BALTIMORE, M			4. USUAL RESIDENCE (Whe	re deceased lived. If	nstitution: residence before odmi
				A. STATE B. COUN	ITY	
	FULL NAME OF (If not in hospite HOSPITAL OR oddress or local	of institutio	n, grve street	Maryland		
	INSTITUTION Provider	t Hosp	ital, Inc.	C. CITY OR TOWN (If our Baltimore	tside city limits, write	RUPAL and give township)
1	1514 Div			Daltimore	16	7 00
			yland 21217		rurol, give location)	*
	202023	,	J = 01 = 0	1814 Pennsy	Lvania Ave.	
	SEX 6. RACE	7. MARRI	ED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. II Under 24 Months Doys Hours N
la	ale Negro	WIDOV	Widowed (specify)	6-26-93	lost bishdoyl	Willing Doys Hours
OA	A. USUAL OCCUPATION (Give kind of we	ork 10B. KIND	OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF
lon	ne during most of working life, even if retired)				WHAT COUNTRY?
		Une	mployed	Maryland		UAA
3.	FATHER'S NAME			14. MOTHER'S MAIDEN NA	ME	
			?			?
5. v	Was Deceased Ever in U. S. Armed F	orces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
10	es, no orunknown) (II yes, give wor or do	ries of service	SECURITY NO.	Hospital ch	art .	
_	lin de la companya de					
	18.4		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION D	-	Con	gestive Heart F	ailure	
	LEADING TO DEATI		(A)	9		
	(This does not mean the mode of heart failure, asthenia, etc. It mean					
	injury or complication which couse		,			A STATE OF THE STA
	ANTECEDENT CAUSE	2:	(B)			
			DUE TO			
	DISEASES OR CONDITIONS, if		-			
	UNDERLYING CONDITION Iosi.		101	***************************************	· · · · · · · · · · · · · · · · · · ·	
	11					
Z	OTHER SIGNIFICANT CONDITIONS	CONTRIBUT	ING			
4TIC	TO THE DEATH BUT NOT RE		THE			
ú	19A. DATE OF OPERATION 1198. CO	NDITION FO	R WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE	FINDINGS CONSIDERED
	WAS PE	RFORMED		No	IN CERTIFYING CA	AUSES OF DEATH?
RTIF	21A. ACCIDENT WAS UNDERLYING		1B. PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID	(II in Boltimo	re City, give exact location)
ш	OR CONTRIBUTING CAUSE OF	h	ome, form, foctory, street,	office bldg., INJURY OCCUR?		
CE			etc.)			
CAL CE	DEATH (notify medical examiner)	6		215 11211 215		
EDICAL CE	DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Yea	r) (Hour) 2	TE, INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
EDICAL CE	DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Yea	r) (Hour) 2		nile 🗀	URY OCCUR?	
EDICAL CE	DEATH (notify medical examiner) 21 D. TIME (Month) (Doy) (Yeo OF INJURY (APPROX.)	r) (Hour) 2	TE INJURY OCCURRED While At Work At Work	nile 🗌	(D)	gust 1767
EDICAL CE	DEATH (notify medical examiner) 21 D. TIME (Month) (Day) (Yea OF INJURY (APPROX.) 22. I certify that (I) (this haspit	r) (Hour) 2	While A! OCCURRED Whole A! Occurred A! Work I the deceased fram A	ugust 16	1967 10 Au	
EDICAL CE	DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Yea OF INJURY (APPROX.) 22. I certify that (I) (this haspit that (I) (we) last saw the decease.	i) (Hour) 2	While At At Work At August 17	ugust 16 and th	1967 10 Au	
EDICAL CE	DEATH (notify medical examiner) 21 D. TIME (Month) (Day) (Yea OF INJURY (APPROX.) 22. I certify that (I) (this haspit	i) (Hour) 2	While At At Work At August 17	ugust 16 and th	1967 10 Au	
EDICAL CE	DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Yea OF INJURY (APPROX.) 22. I certify that (I) (this haspit that (I) (we) last saw the decease.	i) (Hour) 2	While At At Work At August 17	ugust 16 and th	1967 10 Au	inian death accurred an the
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EDICAL CE	DEATH (notify medical examiner) 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (this haspit that (I) (we) last saw the decease and haur and from the causes st 23A. SIGNATURE	i) (Hour) 2	While A! Not Whork A! Work I the deceased from August 17 (I) (We) (did) (did nat)	ugust 19 and the view the bady after death.	1967 10 Au	inian death accurred an the
EDICAL CE	DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Yea OF INJURY (APPROX.) 22. I certify that (I) (this haspit that (I) (we) last saw the decease and haur and from the causes st 23A. SIGNATURE 23C. PHYSICIAN NAME (Type)	al) attended sed alive at ated abave.	While At Not Whork I the deceased fram August 17 (I) (We) (did) (did nat)	ugust 16 and the view the bady after death. ttending Med. Director 23D. ADDRESS	1967 ta Au at in(my) (aur) ap Stall Phys.	inian death accurred an the
EDICAL CE	DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Yea OF INJURY (APPROX.) 22. I certify that (I) (this haspit that (I) (we) last saw the decease and haur and from the causes st 23A. SIGNATURE 23C. PHYSICIAN NAME (Type)	al) attended ated abave.	While A! Not Whork A! Work A! Work A! Work A! Work A! Work August 17 (I) (We) (did) (did nat) Serge M.D. A. P. Tengco M.D. A.	ugust 16 ugust 19 and the view the bady after death. thending	1967 ta Au at in(my) (aur) ap Stall Phys.	inian death accurred an the
MEDICAL CE	DEATH (notify medical examiner) 21 D. TIME (Month) (Day) (Yea OF INJURY (APPROX.) 22. I certify that (I) (this haspit that (I) (we) last saw the decease and haur and from the causes st 23A. SIGNATURE 23C. PHYSICIAN NAME (Type) A. BURIAL CREMATION, 24B. DATE	al) attended ated abave.	While At Not Whork I the deceased fram August 17 (I) (We) (did) (did nat)	ugust 16 ugust 19 and the view the bady after death. thending	1967 ta Au at in(my) (aur) ap Stoll Phys. On St.	inian death accurred an the
MEDICAL CE	DEATH (notify medical examiner) 21 D. TIME (Month) (Day) (Yeo OF INJURY (APPROX.) 22. I certify that (I) (this haspit that (I) (we) last saw the deceased and haur and from the causes stand haur and from the causes s	al) attended ated abave.	Mile A! Not Who work A! Work August 17 A	ugust 16 ugust 19 and the view the bady after death. thending	Stoll Phys. C	238. DATE SIGNED 8-18-67
MEDICAL CE	DEATH (notify medical examiner) 21 D. TIME (Month) (Doy) (Yeo OF INJURY (APPROX.) 22. I certify that (I) (this haspit that (I) (we) last saw the decease and haur and from the causes st 23A. SIGNATURE 23C. PHYSICIAN (NAME (Type)) A. BURIAL CREMATION, REMOVAL (Specily) Purial 8/21	al) attended sed alive are ated abave.	Mork Injury Occurred While At Injury Occurred Whole At Injury Occurred At the deceased fram August 17 (I) (We) (did) (did nat) See M.D. April 17 Tengco M.D. April 18 Ten	ugust 16 ugust 19 and the view the bady after death. thending	Stoll Phys. C	238. DATE SIGNED 8-18-67
WEDICAL	DEATH (notify medical examiner) 21 D. TIME (Month) (Day) (Yeo OF INJURY (APPROX.) 22. I certify that (I) (this haspit that (I) (we) last saw the deceased and haur and from the causes stand haur and from the causes s	al) attended sed alive are ated abave.	Mile A! Not Who work A! Work August 17 A	ugust 16 19 and the view the bady after death. Itending Med. Director 23D. ADDRESS 1514 Divisi REMATORY 24D. L	Stoll Phys. C	238. DATE SIGNED 8-18-67

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				BALTIM					/) / "	
RTH N	10.	67	8024	CERT	TIFICA	TE OF DE	ATH	Registered No.	. 67	8024
	ASE NO.	07	0029							
ype or	Di-A							HOUR OF CEATH	1	10 nopon
, , , , , ,	WI	LMER	FLA	VCIS	60	VER	8	-19-67	100	
PLAC		IN BALTIMORE, M				A. STATE	B. COUNTY	eceosed lived. If	institution: reside	nce before odmiss
HOSP	NAME OF PITAL OR TUTION	(If not in hospite oddress or locati		give street		C. CITY OR TOV	VN (If outside	e city limits, write	RURAL ond giv	township)
u	MICN	MEN	101-17	L Ho	SP	O. STREET ADD		, give location)		0.00
SEX	16	RACE	7 AAADDIED	NEVER MARR	IED C	2747	ASH	AGE (In years	If Under 1 Y	r. If Under 24 I
1	7	u	MA	NO ROBERT	specify)	OCT31,	lost	birthday)	Months Ooy	
ne duri		ATION (Give kind of wo king life, even if retired AKER)	BUSINESS OR	INOUSTRY	1. BIRTHPLACE	State or foreign	country)	12. CITIZEN WHAT C	OF OUNTRY?
FATE	HERS NAME	7			1	4. MOTHER'S N	AIDEN NAME	7		
Was	Deceased Ev	er in U. S. Armed F	orces?	1 6. SOCIAL		7. INFORMANT			AO	ORESS
		yes, give wor or do		SECURITY			. CROL	ER (S		
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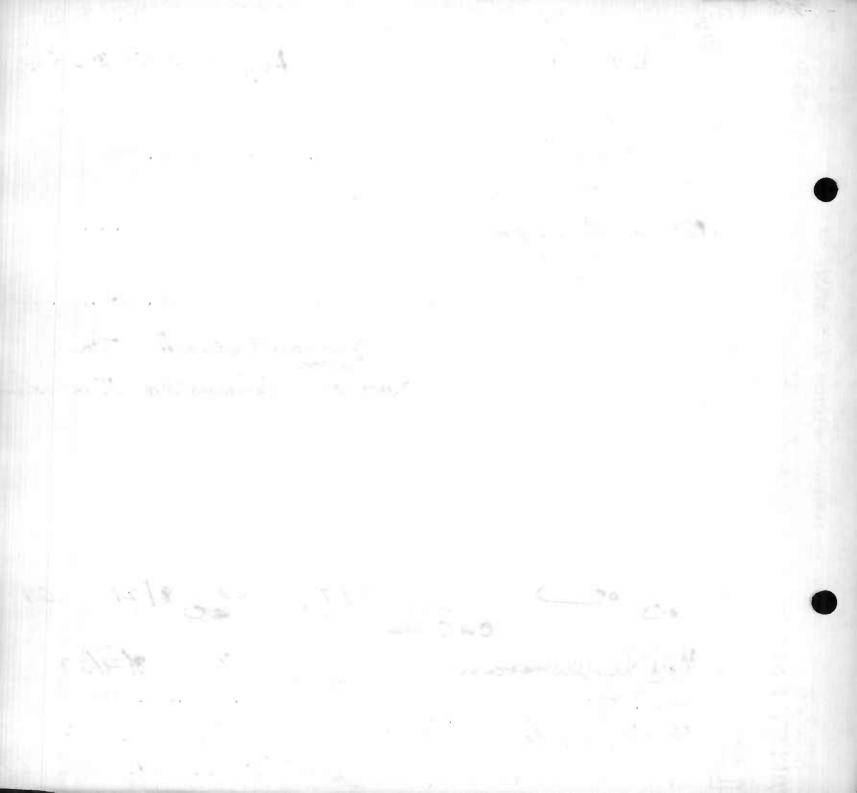
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ting of action	3/		4940 Easte:	rn Avenue	D. \$1	TREET ADDRESS	If rurol, give location)	0.001
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DIRECTOR: ical examiner. s; (3) A fractu cian who pre	O ri	se lo lh	above cause (A CONDITION last.	the second second	C)			
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ad bed book nosp attury pt v (6)	AEDICO	D. TIME F INJURY	(Month) (Doy) (Yes	(Hour) 21E INJURY OCC	Not While	21F. HOW DID IN	NJURY OCCUR?	
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pit be	÷ 01	A, SIGN AT		tated obove. (1) (did)	(view th	ne body after death	1.	23 B. DATE SIGNED
must eleas ccide hos		V = V	Ri, 1,000,00	1444 6	M.D. Attending Phys.	Med.	Stoff Phys.	23R DATE SIGNED
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This certificat the body was shows: (1) An was D.O.A. at deceased pric		DUNIAL CRE	MATION, 24B. DATE Specify Augs	1467 MACE	lowny	- Cem C	2 a G	ity, lown, or county) (Stole)
This the bashow was dece	25A. I	ATE REC'D	ALIC 22 1967	1258. NAME OF REGISTRAR	Seu May 25	C. FUNERAL DIRECTO	Elikar	ADDRESS CHARLES
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Intellige the consequences in the

8028 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered NO. BIRTH NO. M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD (Type or Print) August 18, 1967 11:58 A. WALKER L GRANDISON 3, PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A, STATE
B, COUNTY Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) HOSPITAL OR ADDRESS OR LOCATIONI 10-3-67 Baltimore D. STREET ADDRESS (If rurol, give location (DOA Provident Hospital 851 George 5. SEX 6. RACE MARRIED, NEVER MARRIED AGE (In years If Under 1 Yr. If Under 24 Hrs. WIDOWED, DIVORCED (specify) Months ; Doys ; Hours , Min. 16 Male Negro 4-3-1951 10A, USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) BALTIMORE, MARYLAND STUDENT SCHOOL 13. FATHER'S NAME Waiker 1. Grandison ZELMA HOLMES 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 6. SO CIAL ADDRESS (Yes, no or unknown! (If yes, give wor or dotes of service) SECURITY NO. Mrs. Zelma Grandison 851 George St. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Cerebrocranial injuries (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. CERTI 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? Yes Yes 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Bultimore City, give exact location) home, form, factory, street, office bldg., INJURY OCCUR? 21 A. EXTERNAL CAUSE WAS UTING CAUSE OF DEATH. Druidhill Ave. south of Cloverdale Rd. street 21 D TIME 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (Month) (Doy) (Year) (Hourl OF INJURY (APPROX.) NOT WHITE X Driver on bicycle struck by truck 11:35 A. WHILE ATXX 8-18-67 Inspection Autopsy X I certify that I held on Inquiry and that on this basis, death in my opinion resulted from: Notural causes Accident X Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINER X SIGNATURE. EXAMINER'S ASSOCIATE MEDICAL EXAMINER August 18, 1967 Charles S. Springate, M.D. NAME (Type) 23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY OF CREMATORY 23 D. LOCATION (City, town, or county) REMOVAL (Specifyl

Balto. National Cem.

24C. FUNERAL DIRECTOR

MORTON & DYETT F.H.

Baltimore,

Maryland

1701 Laurens St.

ADDRESS

BURTAL

VS 151-REV. 1/3/65

24A. DATE REC'D BY HEALTH DEPT.

8-23-67

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67 8030 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 8030

BIRTH NO.	CAL LAAMIIALKS C	EKTII ICATE OF I	JLA III Megisie	
M.E. CASE NO.		lo part an	D. HOUR PRONOUNCE	ED DEAD
1. NAME OF DECEASED (Type or Print) SIDI	1040	iney) Augus	st 21, 1967	4:00 A. _{M.}
3. PLACE IN BALTIMORE, MARYLAND,	WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If insti B. COU	itution: residence before admission)
FULL NAME OF (IF NOT IN HOSP	ITAL OR INSTITUTION, GIVE STREET	Maryland c. CITY OR TOWN (If outside	a assaurate limite vuite	PLIPAL and rive tower first
HOSPITAL OR ADDRESS OR LOC	CATION)			I STATE ON O GIVE TO MISHIP
2		Baltimore D. STREET ADDRESS (If rurol,		13-21
St. Agnes Hospi	tal		edmont Avenu	ie .
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr, If Under 24 Hrs.
Male Negro	WIDOWED, DIVORCED (specify) Married	11-2-1926	lost birthday) 40	Months, Doys, Hours, Min.
tOA, USUAL OCCUPATION (Give kind of widons during most of working life, even if retired		RY 11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
done dotting most of working the, even is remed	,	Davis Wharf,	to.	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM		
SYDNEY SATCHELL		MALVINIA H	ATTON	and the second
15. WAS DECEASED EVER IN U.S. ARM (Yes, no or unknown) (If yes, give war or do		17. INFORMANT		ADDRESS
	215-30-67	72 Mrs. Thelma	Satchell	3005 Piedmont
18.	CAUS	E OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
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(This does not mean the mode heart failure, asthenia, etc. It mea injury or complication which cause	ns the disease,			VALUE
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UNDERLYING CONDITION LAST	(C)	***************************************		***************************************
2				
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT I				
E DISEASE OR CONDITION CAUSIN	NG IT			
19A. DATE OF OPERATION 19B. CO	ONDITION FOR WHICH OPERATION ERFORMED	Yes	IN CERTIFYING CAUS	
O UNDERLYING OR CONTRIB-	218. PLACE OF INJURY (e.g.,	office bldg. INJURY OCCUR?	(If in Boltimore City, gi	ve exact location)
☐ UTING CAUSE OF DEATH.	etc.) highway		and Gorm	an Avenue
21D TIME (Month) (Doy) (Ye	Bor) (Hour) 21 E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	2000
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22.		utopsy X and that on th	is bosis, deoth in m	ny opinion
resulted from: Notural a	auses Accident X Suici	de Homicide	Undetermined manne	er
00	2 0 0 = 0	CHIEF MEDICAL EX	AMINER _	
SIGNATURE Char	S. J. Lygat M.	ASSISTANT MEDICAL EX		DATE SIGNED
EXAMINER'S Charles NAME (Type)	s S. Springate, M.D.	ASSOCIATE MEDICAL E	XAMINER A	August 21, 1967
23A. BURIAL CREMATION, 23B. DATE REMOVAL (Specify)	23C. NAME of CEMETERY	er CREMATORY 23 D. L	OCATION (City,	, town, or county) (State)
Burial 8-25	-67 Baltimore	Nat'l Cem.	Baltimore,	Maryland
24A. DATE REC'D BY HEALTH DEPT.	24B, NAME OF REGISTRAR	24C. FUNERAL DIRECTOR		ADDRESS
AUG 22 19	167 ROME Fally	MORTON & D	YETT F.H.	1701 Laurens
C.134 34 pg 19 13				

P. H. W. That I was a street of the a court Alexander author control vita- 1-11

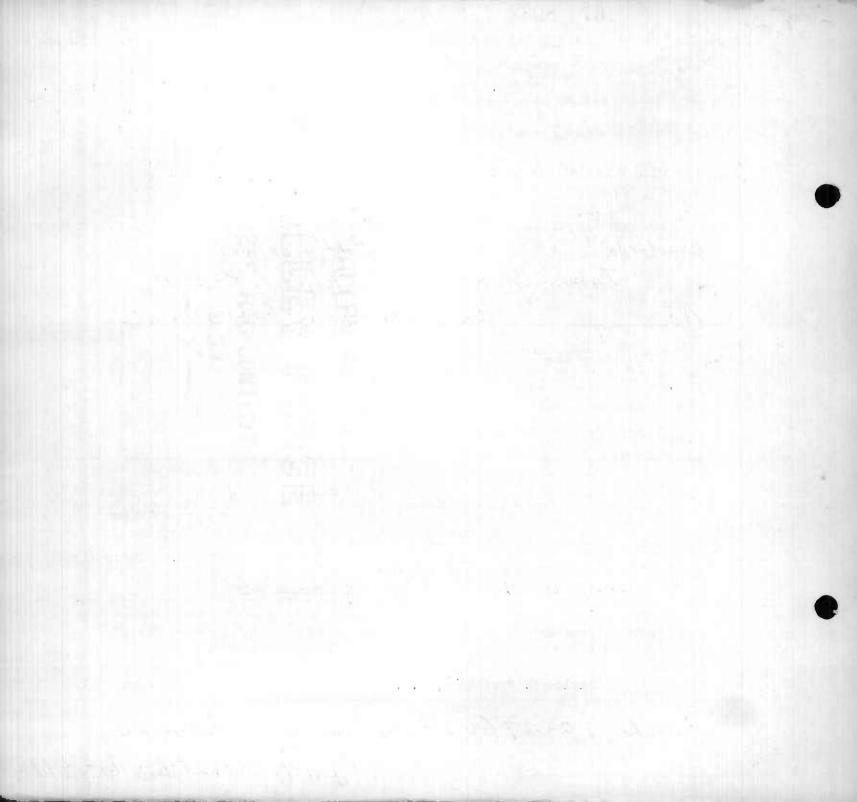
Car Distance Control of the Control

VS 150-REV. 1/1/65

8/23/69-Salmonella-See report received by Comm. Dis From J. H. H. Filed in Bur of Birstatistics. Emerican seldy-ge.

67 8032 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 7 8032

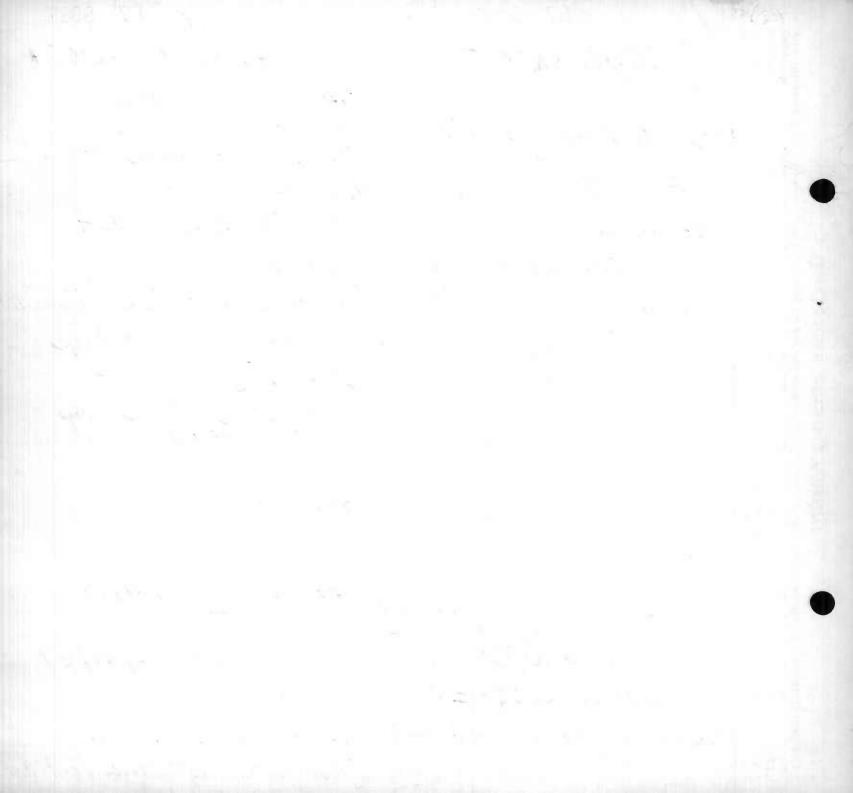
M.E. CASE NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD
JAMES P. CARR	August 20, 1967 6:25 P. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A, STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
	Baltimore D. STREET ADDRESS (If rurol, give locotion)
Union Memorial Hospital	3208 N. Calvert Street
To the state of th	II.
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDO WED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
Male White MARRIED	5-5-1921 40
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTI	RY11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	BALtimape Md 11,50
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James (200	EVELUN V. BENSON
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	17. INFORMANY ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	1 1 - 1 - (
110 216-20-6844	1-HNNE E. CARR - JAME
18. F 9 7 4 X CAUS	SE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH AS	sphyxia
(This does not mean the mode of dying, e.g., heart foilure, osthenio, etc. It means the disease, injury or complication which coused death.)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	anging
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	(Partial)
WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes Yes
21A, EXTERNAL CAUSE WAS 21B, PLACE OF INJURY (e.g., UNDERLYING) OR CONTRIB-	office bldg., INJURY OCCUR?
UTING CAUSE OF DEATH.	Hasement of 3208 N. Calvert Street
E 21D TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED	
(APPROX.) 9 20 67 6.00 P/ WHILE AT NOT	WHILE X Hanged self
22.	artial)
	ide X Homicide Undetermined monner
ACTUAL Charles I	CHIEF MEDICAL EXAMINER DATE SIGNED D. ASSISTANT MEDICAL EXAMINER X
EXAMINER'S Charles S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER August 21, 1967
23A, BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY	or CREMATORY 23D. LOCATION (City, town, or county) (Stote)
BURIAL 8-23-67 GLEN HAVE	N Cometery Glen BURNIE, Md
AUG 22 1967	24C. FUNERAL DIRECTOR ADDRESS
Ywgero, C. Yarker Mil	CASUSATA TAKINACUSI "4600 LIDERTY HENT



IMPORTANI

DIRECTOR:

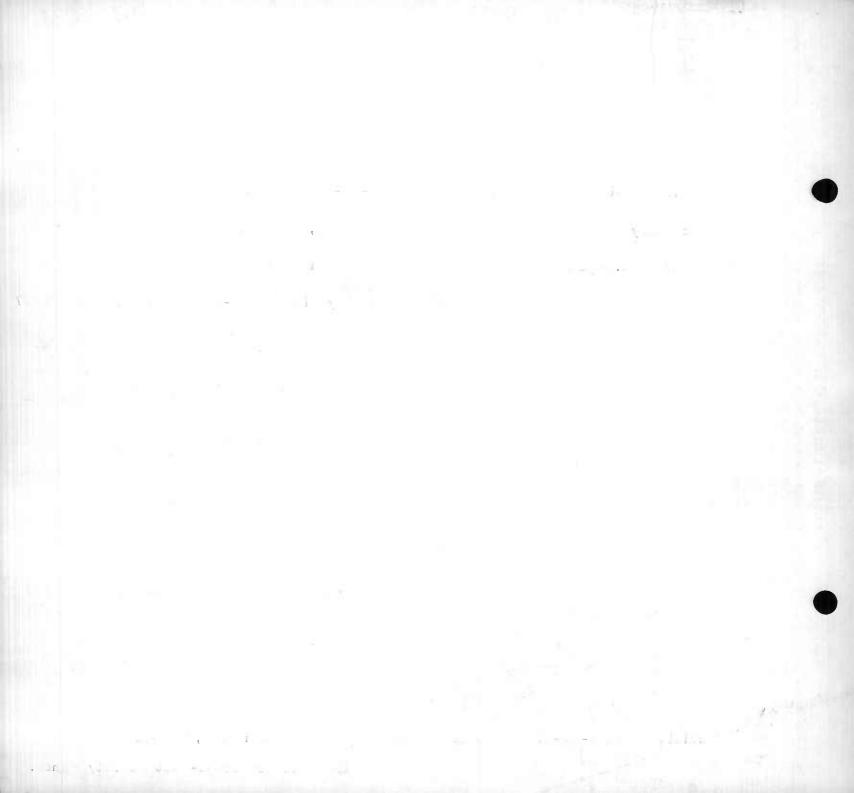
FUNERAL



VS 150-REV. 1/1/65

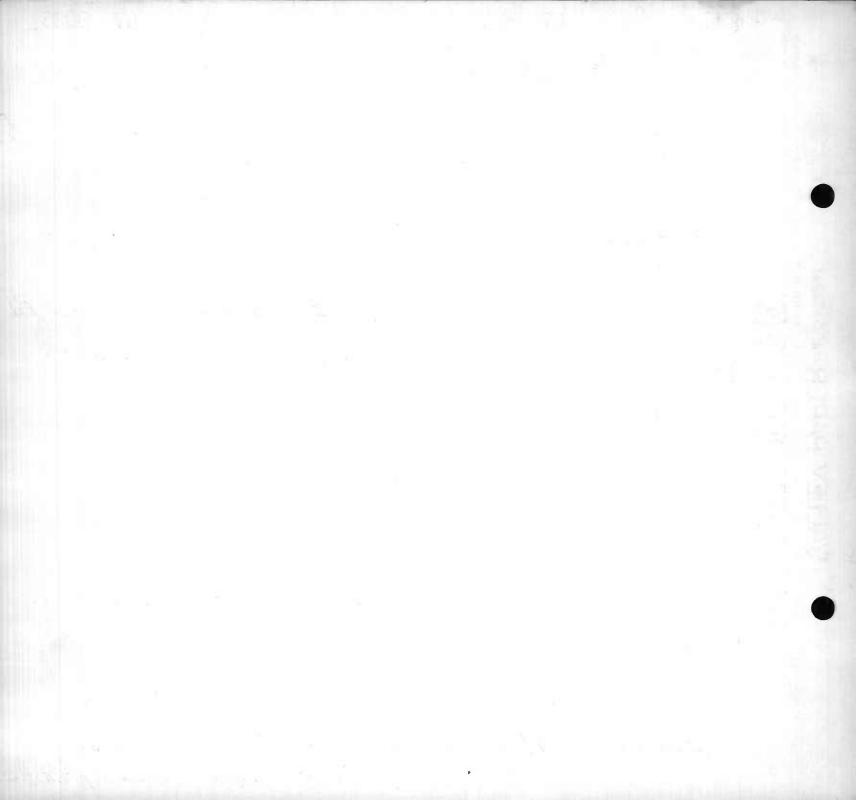
Such

0	b/ 8834	Y HEALTH DEPARTMENT		67 8034
BIRTH NO.	CERTIFICA	ATE OF DEATH	Registered No.	0. 0004
M.E. CASE NO. 1. NAME OF DECEASED	1		ND HOUR OF DEATH	
(Type or Print)	ORINNE M. COO	ke.	8-18-67	
3. PLACE OF DEATH IN BALTIMO		4. USUAL RESIDENCE (Wh	ere deceased lived. If in	nstitution: residence before admissi
		A. STATE B. COU	NIT /	
HOSPITAL OR oddress or	ospital ar institution, give street location)	C. CITY OR TOWN	Na	RURAL and give township)
INSTITUTION		Balto	diside city ininis, write	78-0
10 1000 4	Belleville Ave	D. STREET ADDRESS (I	f rurol, give lacation)	100
2 220 E	relieville Ave	52221	Roll	- A.n
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , ff Under 24 H
	WIDOWED, DIVORCED (specify)		75	Manths Doys Hours Min.
Female White	Married	1-23-1892		
done during most of warking life, even if	of work 10 B. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
Secretary		Oswego, New Y	rork	USA
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA		
Chaules B. Israeli	1	Dufusans		
Charles B. Ingal	ned Forces? 16, SOCIAL	Dufresne	;	ADDRESS
Yes, no or unkna wn) (If yes, give wor	or dates of service) SECURITY NO.	3444		
NO	Yes 21636	Harry Linn Co	oke-5323 B	elleville Ave 212
18. 44 4	CAUSE	OF DEATH	,	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION	1 40	107		al see
LEADING TO D	AVUI	ocaron u	s	A yys
(This does not mean the mine heart failure, asthenia, etc. It	ode of dying, e.g., DUE TO	della	osusdans	- Using
injury ar camplication which		1		
ANTECEDENT C	AUSES (8)	y parens	5	Tilled
DISEASES OR CONDITION		110.10	w. nevi	2/- 9/000
rise to the above coust		follow	mplupa	hos /
UNDERLYING CONDITION I	ist.	erstarie	cuti aller	12020
Z	CONTRIBUTING	ma	shed ce	rever
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NO DISEASE OR CONDITION CAL	T RELATED TO THE		(
	B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or N	Jol 208 te vec Webe	FINDINGS CONSIDERED
	AS PERFORMED	C C	IN CERTIFYING CA	USES OF BEATH?
U 21A. ACCIDENT WAS UNDERL	VING 218 PLACE OF INTERVIOL	in or about 21 C. WHERE DID	(If in Baltiman	e City, give exact lacation)
OR CONTRIBUTING CAUSE	OF home, form, foctory, street,	office bidg., INJURY OCCUR?	th in outlines	e City, give exact lucuitons
U				
OF INJURY (Month) (Doy)		21F. HOW DID IN	JURY OCCUR?	
(APPROX.)	While At Work			- /
22 Leartify that (I) (this h	ospitol) attended the deceased from	1-1-11	(A) 1- 8	-18- 100
	0 -17	6,0	10	190
that (I) (we) lost saw the d	0 , (inion death occurred an the d
	es stoted above. (1) (110) (did) (did (11)	view the body after deoth	•	
23A. SIGNATURE	18 1111		6. 11	23B, DATE SIGNED
DAUG Z	M.D. At	ttending Med. Director	Stoff Phys.	8-14-61
23C. PHISICIAN'S NAME (Type)	H	23 D. ADDRESS		
I JAMP.	c Asi) [[M.D	Reco	ROX TOM	VN. MA
24A. BURIAL CREMATION, 24B. D. REMOVAL (Specify)	ATE 24C. NAME of CEMETERY OF CI	REMATORY 24D.	LOCATION (C	ity, town, or county) (State
		1		/
Burial 8-2	1-67 Woodlawn Ceme	etery Ba	ltimore, Mai	ryland
25A. DATE REC'D AY HEALTH DEP	258. NAME OF REGISTRAR	25C. FUNERAL DIRECTO	T P	ADDRESS
	AROUND - 1 Jennish and	Ellsworth A	macost-460	00 Liberty Hghts.



-520 67 8035	BALTIMORE CITY HEALTH	H DEPARTMENT	10	67	8025
BIRTH NO.	CERTIFICATE O	F DEATH	Registered Na	07	0000
M.E. CASE NO. 1. NAME OF DECEASED		2. DATE AND	HOUR OF DEATH		
Type or Print) I. EllA F. KOON	S		6-67		5:15 PM
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUA A. STAT	AL RESIDENCE (Where B. COUNTY	deceased lived. If ins	titution: residen	ce before odmission)
FULL NAME OF (If not in hospital or institution, give		aryland,	Bultimore	city.	Daker
HOSPITAL OR oddress or location) INSTITUTION	C. CITY		de city limits, write R	URAL ond give	township)
H D O II	D. STRE	Baltimore I (If the	rol, give location)	000	0.0
7 Bon Secours He	ospital 2	D.C.	5 Florge	Rd.	
5. SEX 6. RACE 7. MARRIED, NE	VER MARRIED B. DATE	OF BIRTH 9.	AGE (In years	If Under 1 Yr	. If Under 24 Hrs. Hours Min.
	LAOWED (specify)	-19-79	st birthdoy)	Months Doys	Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUS		HPLA CE (State or foreign	country)	12. CITIZEN C	OF OUNTRY?
At Home	\mathcal{B}_{i}	altimore		11.	S. A.
13. FATHERS NAME		THER'S MAIDEN NAM	E	<i>D</i> -1	
Tacob F. Wilhelm.		Gross			
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) life yes, give wor or dotes of service)	SOCIAL 17. INFO			ADE	PRESS
tres, no or oriental in yes, give wor or ones or servicer	SECURITY NO.	B. Koons	-6000	san L	to part R
18. 422 /1	CAUSE OF DEATH	12-1100ND	- GATATA	INTER	CVAL BEIWEEN
DISEASE OR CONDITION DIRECTLY				ONSE	T AND DEATH
LEADING TO DEATH	(A) AS	CVD		m	onths
(This does not mean the made of dying, e.g., heart failure, asthenio, etc. It means the disease,	DOE 10				
injury or complication which coused death.) ANTECEDENT CAUSES	(B)			1 77	
DISEASES OR CONDITIONS, if ony, giving	DUE TO		~ 0 000,000 0 0 0 0000,000 0 0 0 0 0 0 0 0 0 0 0 0		
rise to the above couse (A) stoting the	(C)		000000000000000000000000000000000000000		***********
UNDERLYING CONDITION last.					
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 19B. CONDITION FOR WHICE	CH OPERATION 20 A.	AUTOPSY? (Yes or No)	20B. IF YES, WERE F	INDINGS CON	ISIDERED H?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLA					
OR CONTRIBUTING CAUSE OF home, for DEATH (notify medical examiner)	CE OF INJURY (e.g., in or obout orm, foctory, street, office bldg.	INJURY OCCUR?	(If in Boltimore	City, give exo	CT locohon/
<u>u</u>	URY OCCURRED	STE HOW OLD IN HILL	0.001102		
OF INJURY (APPROX.) While A		21F. HOW DID INJU	KY OCCOR!		
Work	At Work		1. 1		15.
22. I certify that (I) (this hospital) attended the d			67 10 AL		19.6.7
that (1) (we) lost saw the deceased alive an 5./		67 and that	fn(my) (aur) apir	nan death oc	curred on the dote
and hour and from the causes stated above. ((1) (W	(e) (did) (did not) view the	body after death.		23B. DATE SIC	NED
Burne Kan Kanl	M.D. Attending	Med. S	toff hys,	230. DATE SIC	914 ED
23C. PHYSICIANS	Phys.		hys, 🔼		
NAME (Type) PYIIA/F KAP K	LANG M.D.	Bon. Co	PALIXE 1	Hospin	401
24A. BURIAL CREMATION, 24B. DATE 24C. NAME	of CEMETERY OF CREMATORY	130H SE	CATION (Cit	y, town, or cou	inty) (Stote)
REMOVAL (Specify)	1011	10	1/2	7, 10 WH, 07 CO	1
29A. DATE REC'D BY HEALTH DERT SB. NAME OF R	EGISTRARIE IGGE (P)	FUNERAL DIFECTOR	KTIMOR	e,//19	DDRESS.,
AUG 22 196/ P. C. 6 2	, starteuMA 1 6	Us worth Don	wast-UL	melihon	to Hebte D.
	- FA	DUNYI MINI	INTOW YE	OULUCK	14/10/113/74

FUNERAL DIRECTOR: IMPORTANT

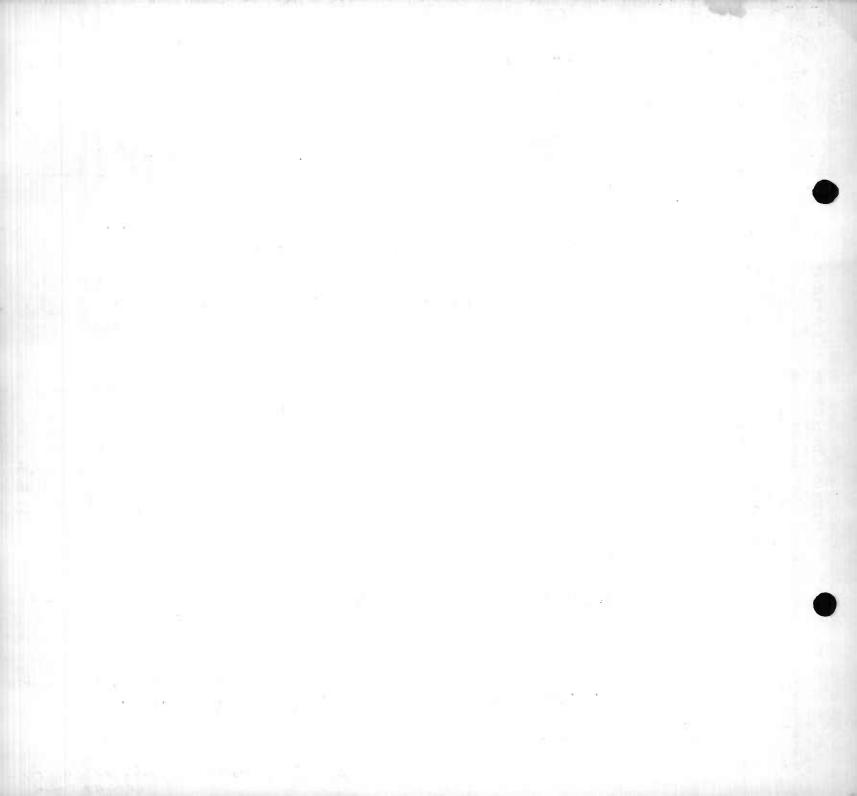


00	67 80	Lists	HEALTH DEPARTMENT	Registered No	67	8036		
	ih No. L CASE NO.	CERTIFICA	TE OF DEATH	Registered No.				
1, N	AME OF DECEASED	WACKER		b. 20,196	7 1 3	3:15 A.M.		
3. F	LACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where	doceased fived. If in	stitution: residen	co before odmission)		
	FULL NAME OF (If not in hospital or institut	ion, give streat	MARYLA	ND				
H	HOSPITAL OR oddross or location)	, give ville.	C. CITY OR TOWN (If outs	side city limits, write R	URAL ond give	township)		
5			BALTIMOR D. STREET ADDRESS (If II			0-08		
C	HURCH HOME and HO	OSPITAL	3624 FAIR	VIEW A	VE.			
5. S	EX 6. RACE 7. MARI	NED, NEVER MARRIED	B. DATE OF BIRTH	ost birthdoy)	If Under 1 Yr.	If Under 24 Hrs.		
F		DIDOWED	AUG. 8, 1907	60	1010111113	770073		
	. USUAL OCCUPATION (Give kind of work 108, KIN)	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foroig	gn country)	12. CITIZEN C	OLINTRY?		
don	e during most of working life, even if retired) HOMEMAKER		MARYLAN	(A)	4.5			
13.	FATHERS NAME		14. MOTHER'S MAIDEN NAM	A E	1 4	7.		
	FRANK SERIO		DOSA DIA	FARTE				
15 1	Wos Deceosed Ever in U. S. Armed Forcos?	16. SOCIAL	ROSARIO	FORIG	ADE	DRESS		
(Yes	(If yes, give wor or dotes of servi	SECURITY NO.		0				
			FRANK C Sep	910 - Bay.	352-1	17P"2		
	18./	CAUSE OF	DEATH	ARNO	old of	BETWEEN		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	0	inoma of	He D. 1	0	we math.		
	(This does not mean the mode of dying,	(A) CALL	mona of	The blad	8	rvariona		
	heart failure, asthenia, etc. 11 means the dise	ose,	of the paric	reas.				
	injury or complication which coused death.)							
	ANTECEDENT CAUSES	DUE TO						
	DISEASES OR CONDITIONS, if ony, gi							
	UNDERLYING CONDITION tost.	(0)				онн ноосоооо осоо от стоосоо от соо		
_	11							
O	OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO	THE						
AT	DISEASE OR CONDITION CAUSING IT.		100					
TIFIC	19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	IN CERTIFYING CAL	JSES OF DEAT	H?		
CERTI	21A. ACCIDENT WAS UNDERLYING	218 PLACE OF INJURY (o.g., in	or about 21 C. WHERE DID	(If in Rollimore	City, give exo	ct Incotion)		
11	OR CONTRIBUTING CAUSE OF	home, form, foctory, stroot, of	fice bldg., INJURY OCCUR?	tit iii boliiiilolo	eny, give exor	C1 10C011011)		
Ö	DEATH (notily modical examiner)							
AEDI	21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	21E, INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?				
2	(APPROX)	While At Not While At Work						
	0/10 0 0/20 10							
	22. I certify that (I) (this haspital) attended the deceased from 0/10 196+ to 8/20 196+ that (I) (we) lost sow the deceased alive on 8/20 196+ and that in (my) (our) apinion death occurred on the date							
		- 1		л ти(шу) (обгу бри	non deom oc	conted on the dote		
H	ond hour and from the couses stated above 23A. SIGNATURE	e. (I) (We) (did) (did not) v	iew the body ofter death.		23B, DATE SIG	MED		
	2 - 0	M.D. Atte	nding Med.	Stoff				
	hunde Sus	Phy:	Director L	Phys.	aug.	20,1967		
	23C.PHYSICIAN'S NAME (Type)	0	23D. ADDRESS	-//	0			
	NENITH SUARE	7-Z M.D.	Church Hor	we of 14	oup.			
24 A	REMOVAL (Specify) 24B. DATE 24	C. NAME of CEMETERY OF CRE	MATORY 24D. LO	CATION (Ci	ty, town, or cou	nty) (Stote)		
1	Que 1 8-2217	Raltinian 1	Vatara 1	Balton	100 1	nal		
25A	DOR I AL DEPT. 258, NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	ATTIMO	ICE, II	DDRESS		
	AUG 22 1967 A D D	295 For Owner	1=18 D. W/ A	amount.	41-11	1 not 1/11		
V.C.	150-REV. 1/1/65		PIDWOKTAM	MINHOU!	16001/	WAY TONK		

Finite Sway 2334NS E 431 church thomas it was

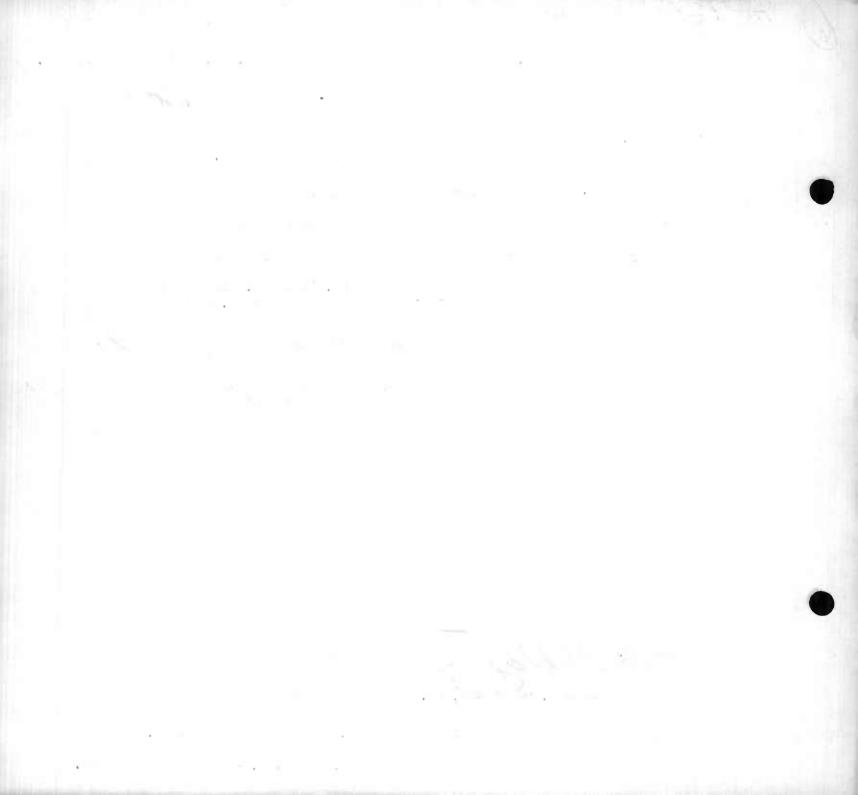
BALTIMORE CITY HEALTH DEPARTMENT

49-87-43



Large State of Elegant Tot Maring

	(' ' ')	OUGH MULLIMONE	CITY HEALTH DEPARTMENT		
BIRTH NO.	07.	8039 CERTIFI	CATE OF DEATH	Registered No	67 8039
M.E. CASE NO				AND HOUR OF DEAT	ч
Type or Print)		V. Hillsinger			
PLACE OF	DEATH IN BALTIMORE MA		TA USUAL BESIDENCE (V	Aug. 19, 196	7 1:40 P.
FULL NAME HOSPITAL O	E OF (If not in hospital OR addiess or location	or institution, give street	Md.	TINTY	e RURAL and give township)
10			Baltimore		55-00
(1)	St. Agnes Hos	pital	D. STREET ADDRESS	(If surol, give location)	
			5508 Calve	ert Rd.	
- SEX	6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24
М	Cauc.	WIDOWED, DIVORCED (specif	4/3/87	lost birthdoy)	Months Doys Hours Mi
		Married 108. KIND OF BUSINESS OR INDE	15TDV 11 BIDTUBLACE (State	80	In cirron of
	of working life, even if retired)	los. KIND OF BUSINESS OK INDI			12. CITIZEN OF WHAT COUNTRY?
Retire	d		Pennsyl	vania	USA
3. FATHER'S N	IAME		14. MOTHER'S MAIDEN	NAME	
	Abraham Hillsi	nger	M	innie Thomps	on
				-	
	sed Ever in U.S. Armed For wn)(If yes, give wor or dote		17. INFORMANT Mrs. Claude	V. Hillsing	ADDRESS
No		579-03-07	780 5508 Celve	rt Rd 212	m
1B.	0.00 /		SE OF DEATH	o rue - zzz	INTERVAL BETWEEN
300	5.6.6				ONSET AND DEATH
DISE	EASE OR CONDITION DIS LEADING TO DEATH	RECTLY	chrone engo		11 1
(This does	s not mean the mode of	dving a g	MA CANCE CREATE	C Propriet Court	100000
	re, osthenio, etc. It meons	the disease,	u	your lion	
injury or o	complication which caused	death.)	2/ 2	1	over 15 ye
	ANTECEDENT CAUSES	(B)	arone tryp	rysems	0001098
DISEASES	OR CONDITIONS, if	DUE		0	0
	the obove couse (A)				
	ING CONDITION lost.	107	***************************************	*****************************	
	- 11				
OTHER SIG	SNIFICANT CONDITIONS C				
E TO THE	DEATH BUT NOT RELA	ATED TO THE			
	OF OPERATION 198. CON	DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or	No. 208, IF YES, WER	E FINDINGS CONSIDERED
19A. DATE	WAS PER		110	IN CERTIFYING C	E FINDINGS CONSIDERED CAUSES OF DEATH?
21A. ACCI	DENT WAS UNDERLYING	21R PLACE OF INITIAV	le.g., in or obout 21C. WHERE DIE	(If := P_Ie:=	are City, give exact lacation)
, OR CONTR	IBUTING CAUSE OF	hame, farm, factory, stre	et, office bldg., INJURY OCCUR	en in somm	ole cità, dise exect recesent
0	tify medical examiner	etc.)			
21 D. TIME	(Month) (Doy) (Year)	(Hour) 21E. INJURY OCCURRED	21 F. HOW DID	INJURY OCCUR?	
OF INJURY			While		
OF INJURY		Work L At	Work		10
OF INJURY		Work At	Sept. 24,	1965taAu	g. 19, ₁₉ 67
OF INJURY (APPROX.) 22. I certi	ify that (1) Whinksonits	Work At	Sept. 24,		
OF INJURY (APPROX.) 22. I certithat (I) (¥	ify that (1) (1) (1) (1) (2) last saw the decease	work At	Sept. 24,	that in (my) (our) o	
OF INJURY (APPROX.) 22. I certificate (I) (X and haur	ify that (1) Which has blue blue (2) last saw the decease and fram the causes stat	Work At	Sept. 24,	that in (my) (our) o	pinion death accurred an the
OF INJURY (APPROX.) 22. I certithat (I) (¥	ify that (1) Which has blue blue (2) last saw the decease and fram the causes stat	work At	Sept. 24,	that in (my) (our) o	
22. I certithat (I) (X	ify that (1) Which has blue blue (2) last saw the decease and fram the causes stat	work At	Sept. 24, 19 67 and not) view the body after deal	that in (my) (our) o	pinion death accurred an the
OF INJURY (APPROX.) 22. I cert that (I) (X and haur 23A, SIGNA	ify that (1) Whin hopping. (2) last saw the decease and from the causes state of the cause state of the causes state of the causes state of the cause state of the cau	work At the deceased from June 20, and alive an June 4, and abave. (1) (We) (dtd) (did reconstruction)	Sept. 24, 19 67 and not) view the body after deal Attending Med. Phys.	that in(my) (our) o	pinion death accurred an the
OF INJURY (APPROX.) 22. I certithat (I) (% and haur 23A. SIGNA	ify that (1) it his known to (2) last saw the decease and from the causes state (TURE)	work At the attended the deceased from June 20, ted above. (I) (We) (did) (did r	Sept. 24, 19 67 and not) view the body after deal Attending Med. Phys. 23D. ADDRESS	that in (my) (our) o	238. DATE SIGNED August 22, 1967
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VS 150-REV. 1/1/65

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	07.	BALLIMOKE CITY HE	ALTH DEPARTMENT		OCT 0044
BIRTH NO.	ME	DICAL EXAMINER'S	CERTIFICATE OF	DEATH Registe	red NdD / OUAT
M.E. CASE NO.					
1. NAME OF DEC	EASED		2. DATE A	ND HOUR PRONOUNC	ED DEAD
	JOHN	B. BAGBY	Au	gust 20, 196	7 3:35 a
	IMORE MARYLAND	WHERE PRONOUNCED DEAD	A. STATE	B. COL	INTY
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LO	PITAL OR INSTITUTION, GIVE STREET DCATION)	Maryland c. city or fown (If outs		ET -00
Sinai	. Hospital	D.O. A.	Baltimore D. STREET ADDRESS (If run RFD #6 Nic	Westminister of give locoton hademus Road	
Male	6. RACE White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married	8. DATE OF BIRTH 9/4/15	9. AGE (In years lost birthdoy) 49	If Under 1 Yr, If Under 24 H Months, Doys, Hours, Min
IDA. USUAL OCCL	JPATION (Give kind of vorking life, even if retire	work TOB. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stole or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?

Virginia

14. MOTHER'S MAIDEN NAME

Late - Bival Bagby Florine ---Mrs. John B. Bagby ADDRESS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 6. SOCIAL SECURITY NO. (Yes, no or unknown), (If yes, give wor or dates of service) 218-07-9993 WW II Yes Same INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH

Local Union

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Multiple traumatic injuries DUE TO (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. th means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. H

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20A, AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?

CERTI 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimore City, give exact location) home, form, factory, street, office bldg., INJURY OCCUR? 21 A. EXTERNAL CAUSE WAS UNDERLYING TO CONTRIB-UTING CAUSE OF DEATH. Westminster Pike - W of Hanover Rd. Street 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D TIME (Year) (Hour)

OF INJURY NOT WHILE (APPROX.) 20 67 2:46 am. WHILE AT Subject in auto-auto collision 22.

and that an this basis, death in my aplnian Inspection Autopsy X I certify that I held an Inquiry Hamicide Undetermined manner resulted fram: Natural causes Accident X Suicide

CHIEF MEDICAL EXAMINER X ACTUAL M.D. ASSISTANT MEDICAL EXAMINER SIGNATURE

ASSOCIATE MEDICAL EXAMINER

August 20. Russell S. Fisher, M.D. 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, town, or county)

Baltimore Nati nal Cem. Baltimore, Md. 24C. FUNERAL DIRECTOR

Witzke F. D. - 4101 Edmondson Ave.

8/23/67

VS 151-REV, 1/1/65

REMOVAL (Specify) Burial

EXAMINER'S NAME (Type)

23A. BURIAL CREMATION, 23B. DATE

24A. DATE REC'D BY HEALTH DEPT.

Operating Engr.

13. FATHER'S NAME

ADDRESS

DATE SIGNED

USA

The second secon --- at little on

1. N	E. CASE NO. NAME OF DECEASED pe or Print)		H	AJIMIHILIS		2. DATE AN	D HOUR OF DEATH		D
3. 1	PLACE OF DEATH IN	WILL!		WIMHALIS	14. USUAL RESI	DENCE (Whe	8-18-67	nstitution: residence before	odmise
					A. STATE	B. COUN		manional residence service	0011#33
-	FULL NAME OF HOSPITAL OR	(If not in hospital oddress or location		n, give street		YLAND	teide city limit was	RURAL ond give township	-
	THE J	OHNS HOP	KINS	HOSPITAL		TIMORE		-0	-
3					D. STREET ADE	DRESS (If	rural, give location)		
					309	EDSDA	LE ROAD	21229	
	MALE 6. RAC	WHIRE	7. MARRIE WIDOW	D, NEVER MARRIED	5-15-8		9. AGE (In years lost birthdoy)	If Under 1 Yr. , If Un Months Doys Hours	der 24 Min
ΙΟÄ	USUAL OCCUPATION	ON (Give kind of work	108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or fare	ign country)	12. CITIZEN OF WHAT COUNTRY	
noc	e during most of working Retired	ite, even it retired)			Gree	ece		USA Gr	
3.	CATHER'S MARKE	HAJIMIHIL	TC		14. MOTHER'S	MAIDEN NA	ME		
		HAJIMITI			M	ARIA D	EMOS		
5, '	Wos Deceased Ever in	n U. S. Armed For	cos?	1 6. SOCIAL			jimihilis	ADDRESS	
	s, no or unknown) (If yes	s, give wor or dote	s of service	216-32-8408	309 Ed	line Ha sdale R	jimihilis d 21229		
	18./ 6.3	X I		CAUSE C	F DEATH		FIRST TO	INTERVAL BET ONSET AND	
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FUNERAL DIRECTOR: IMPORTANT

BIRTH NO. M.E. CASE NO. 67 8043 CERTIFICATE OF DEATH Registered No. 67 8043
1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH
(Type or Pini) EDWARD B. SERVARY AUG. 21, 1967 5:30 A.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location)
HOSPITAL OR INSTITUTION C. CITY OR TOWN (If outside city limits, write RURAL and one township) BALTIMORE
D. STREET ADDRESS (If rurol, give locotion)
CHURCH HOME & HOSPITAL GOULD CONV. GIIG BELAIR RI
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years windows) WIDOWED, DIVORCED (specify) 100 to birthdoy) Months; Doys Hours Min.
MALE WHITE WILDOWER MAR. 3,1884 83
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, 'BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY?
RETIRED CARPENTER MARYLAND U.S.A.
13. FATHER'S NAME
JOSEPH SERVARY ELIZABETH ?
15. Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY No. 17. INFORMANT George Nake, Executor.
219-12-5086 1111 Court Sq. Bldg. Baltimore 21202
18. CAUSE OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH (A) ARTERIOSCLEROTIC HEART DISEASE (A) DUE TO OUE TO
heart failure, asthemia, etc. It means the disease, injury or camplication which caused death.)
ANTECEDENT CAUSES (B)
DISEASES OR CONDITIONS, if any, giving
rise to the above cause (A) stating the (C)
UNDERLYING CONDITION last.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE SEVERE MALNUTRITION, RENAL FAILURE
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE SEVERE MALNUTRITION, RENAL FAILURE 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in of obout 21C. WHERE DID. (If in Boltimore City, give exect locotion)
OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
While At Not While
WORK AT WORK
22. I certify that (I) (this haspital) attended the deceased from 8-8-67 19 to 8-2/- 1967
that (1) (we) last saw the deceased alive an
and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE
And M.D. Attending Med. Stoff R 21-12
23C.PMYSICIAN'S 23D. ADDRESS
MAME (Type)
EPHRAIM BARZAGA M.D. CHURCH HOME & ADSP. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, lown, of county) (Stote)
Burial Aug. 23.1967 New Cathedral Cem. Baltimore Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
AUG 22 1967 (2 0 & 9 J. A. MAG HENRY SANDER & SONS. INC.
VS 150-REV. 1/1/65

1004 3

Extracon Fire July CHURIN King & NEW PARTY

18TH NO. 67 8		ATE OF DEATH	Registered No	67 8044
IRTH NO. A.E. CASE NO.	CERTIFICA	ATE OF DEATH	wag stated was	
NAME OF DECEASED		2. DATE ANI	D HOUR OF DEATH	20
MRS Bessie	Ray	Aug.	20,1967	6: A.
PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceased lived. If in:	stitution: residence befare admissio
FULL NAME OF (If not in hospital at instit				
HOSPITAL OR address ar lacation)	otton, give street	C. CITY OR TOWN (If outs	side city limits, write_R	URAL and give township!
		Baltimore		20-06
Ron Secours Hos	PITAL		ural, give location	
Don occording		2107 W. 7a	yette St	- 21223
SEX 6. RACE 7. MA	RRIED, NEVER MARRIED	B. DATE OF BIRTH	, AGE (In years	If Under 1 Yr. If Under 24 H
Nagra	OOWED, DIVORCED (specify)	6/25/1897	ost birthday	Months Days Haus Min.
A. USUAL OCCUPATION (Give kind of work 108, KII	ATRICAL ND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or tareig	in country	12. CITIZEN OF
ne during most of working life, even il retired)				WHAT COUNTRY?
FATHERS NAME		South Carol		U.S.A.
			16	
Mack Patterson		ESTHER		
. Was Deceased Ever in U. S. Armed Faices? es.no ai unknown)(If yes, give war or dates of sei	1 6. SOCIAL SECURITY NO.	17. INFORMANT	4	ADDRESS
, 55, 9	SECORITI NO.	Willie Ray	2107 E.	AUETTE SY
1B. 77 9 7 1	CAUSE	OF DEATH	-,,	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
LEADING TO DEATH	- Pag	sible Maliquau	eu .ui	months
(This does not mean the made of dying,	e.g., DUE TO		••••	*****************************
heart failure, asthenio, etc. It means the dis injury ar camplication which caused death.)	sease,	ubdominal ea	wity.	
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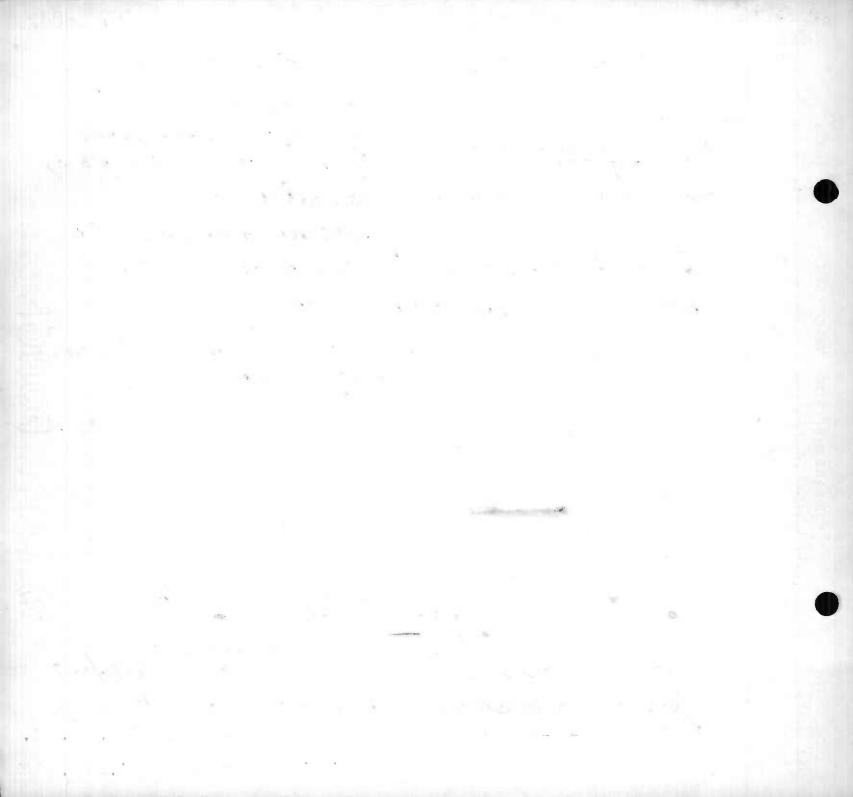
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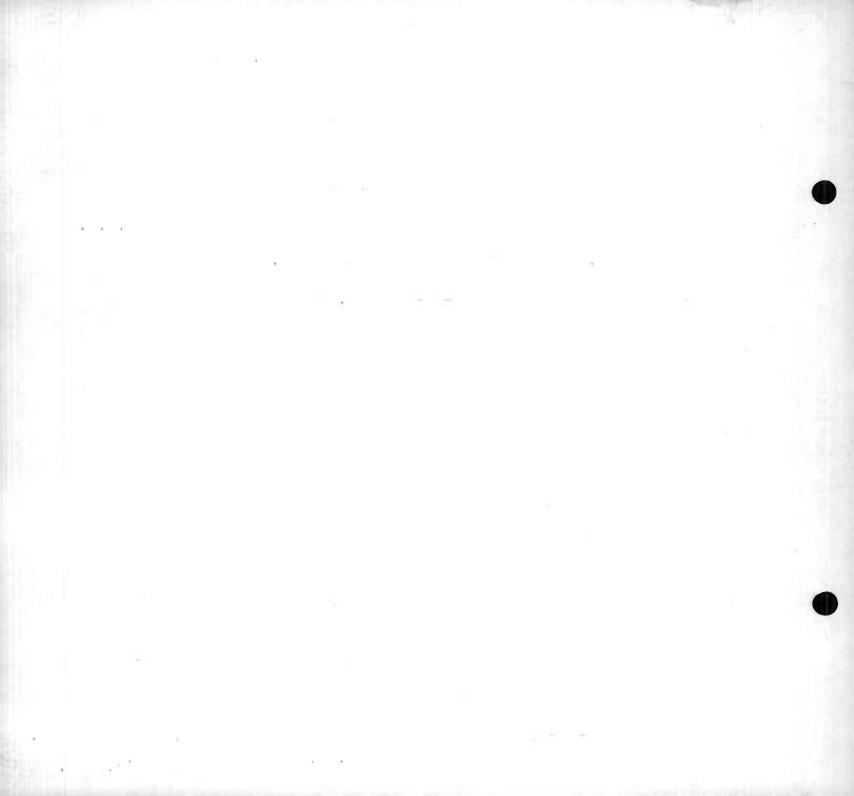
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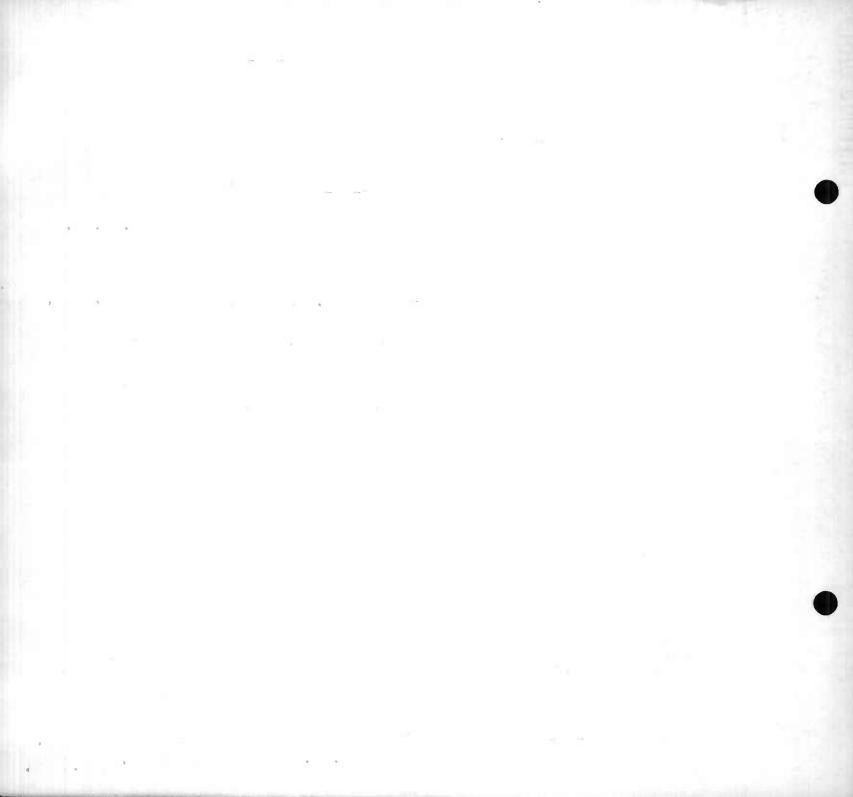
VS 150-REV. 1/1/65



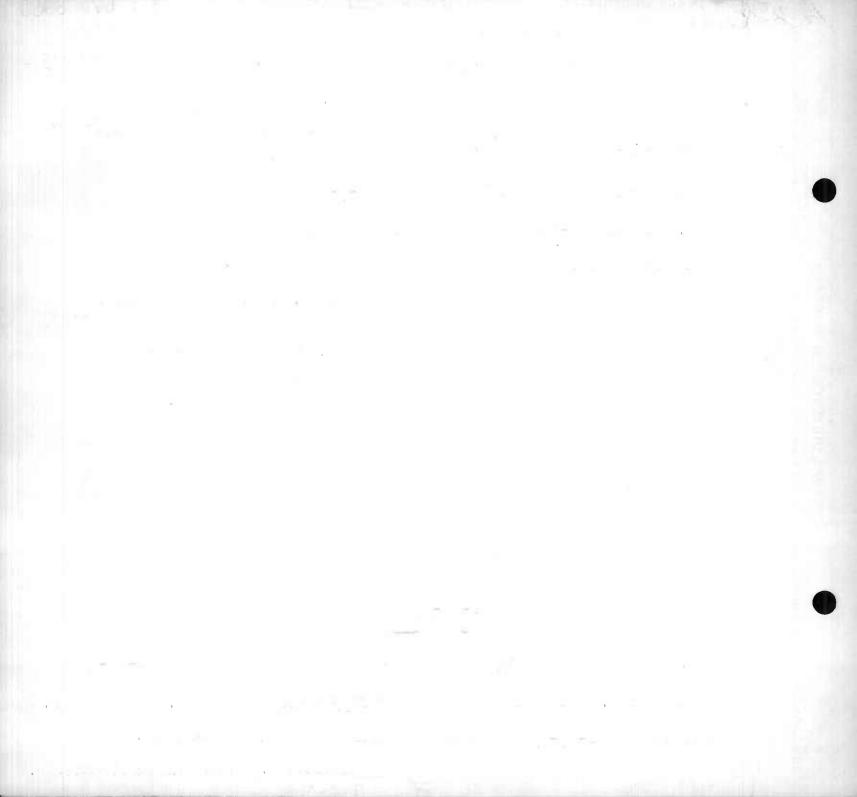
IMPORTANT DIRECTOR: FUNERA

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A, STATE
B, COUNTY (If outside city limits, write RURAL and give township) If Under 24 Hrs. If Under 1 Yr. Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. ADDRESS Same INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) ond that in (my) (aux) opinion death accurred an the date 23B, DATE SIGNED (City, town, or county) (Stote) Md. ADDRESS Balto., Md. 21212

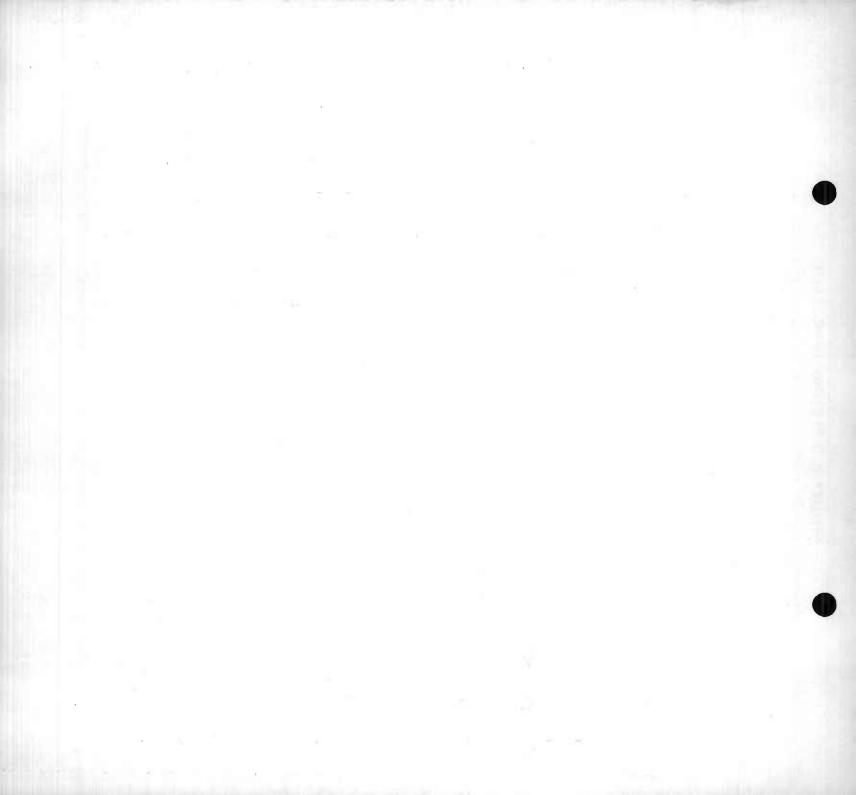




FUNERAL DIRECTOR:



VS 150-REV. 1/1/65



(Type or Print) BOY RI	STON		:40 8/8/	(6) P
FULL NAME OF HOSPITAL OR INSTITUTION 3. PLACE OF DEATH IN BALTIMORE, A CONTROL OF MEMORY OF MEM	RIAL not or institution, give street	C. CITY OR TOWN (IF OU C. STREET ADDRESS (IF	celt. 2 1	RURAL and give township
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) NEVER Market	0/0./1.7	9. AGE (In years last birthdoy)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of widone during most of working life, even if retire	rork 108, KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHERS NAME	, w	14. MOTHERS MAIDEN NA		WISTON
TS. Was Deceased Ever in U. S. Armed (Yas, no or unknown) (If yes, give war or d	Farcas? lates of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	. vecon	ADDRESS
18.776X1	CAUSE	OF DEATH	1-52-1-12	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION LEADING TO DEAT	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) PR			16 HRS.
DISEASES OR CONDITIONS, is to the above cause (a UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT R DISEASE OR CONDITION CAUSIN 198.	CONTRIBUTING			
	ONDITION FOR WHICH OPERATION PERFORMED	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B, PLACE OF INJURY (e.g., hame, form, factory, straat, etc.)	in ar about 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Baltima	ara City, give exact lacation)
21 D. TIME (Manth) (Day) (Ya OF INJURY (APPROX.)	ar) (Hour) 21 E. INJURY OCCURRED While At At Wo	21F. HOW DID INJ	URY OCCUR?	
22. I certify that (I) (this hospi	tal) attended the deceased from	Ong 8	19 67 to (Jup 8 1967
that (1) (we) lost saw the deced		9 67 and th	not In (my) (our) of	pinion death accurred on the do
	toted obove. (1) (We) (did not)	view the body ofter death.		
23A. SIGNATURE	beeg M.D. A	ttending Med.	Staff Phys.	23B. DATE SIGNED 7
23C. PHYSICIAN'S NAME (Typo)	A. GREENBERG, M.C	23D. ADDRESS THE UNION AM		
24A. BURIAL CREMATION, REMOVAL (Spacify)	24C. NAME of CEMETERY OF C	JOHNS H	OPKINS M	City, town, or county) (State) IEDICAL SCHOOL
25A. DATE REC'D BY HEALTH DEPT. AUG 23 1967	25B. NAME OF REGISTRAR	PC. PUNERAL DIRECTO	RY SERVI	CE - BCHD

BIRTH NO. 67-15848 67 8052

I, NAME OF DECEASED

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

2. DATE AND HOUR OF DEATH,

ADDITOR DISTRIC

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BAUTHARDY

	OF C	0059	Y HEALTH DEPARTMENT	No. 67 8053
M.E. CASE NO.		3053 CERTIFICA	ATE OF DEATH Registered	No
1, NAME OF DECEA (Type or Print)	Casey, Jam		8-7-67	4:00 F
PLACE OF DEAT	H IN BALTIMORE, MARYLAND	D	4. USUAL RESIDENCE (Where deceased lived. A. STATE B. COUNTY	If institution; residence before admiss
FULL NAME OF HOSPITAL OR INSTITUTION	(If not in hospital or instit address or location)	tution, give street	Maryland c. CITY OR TOWN (If outside city limits, v	write RURAL and give township)
9		espital, Inc. Maryland 21217	D. STREET ADDRESS (If rurol, give locotion 648 Hoffman Street	7 / 7 - 0
Male	Negro	RRIED, NEVER MARRIED DOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years lost birthdox)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
done during most of wo Unemploye	orking life, even if retired)	None	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME	E	110110	14. MOTHER'S MAIDEN NAME	
5. Wos Deceosed E Yes, no or unknown) (ver in U. S. Armed Forces? If yes, give wor or doles of se	rvice) 16. SOCIAL SECURITY NO.	17. INFORMANT Mrs Anna Allen (F:	ADDRESS riend) Same
	OR CONDITION DIRECTLY	CAUSE	DE DEATH Land Hart	INTERVAL BETWEEN, ONSET AND DEATH
heart failure, as injury as campl AN DISEASES OR rise to the	I meen the made of dying, sthenio, etc. It means the distinction which coused death.) NTECEDENT CAUSES CONDITIONS, if ony, obove couse (A) storing	sease,) (B) DUE TO	Tokemin amputation	left foot
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DEATH (notify or	WAS PERFORMED WAS UNDERLYING ING CAUSE OF	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21 C. WHERE DID (If in Boll	ERE FINDINGS CONSIDERED CAUSES OF DEATH? timore City, give exact location)
0	Month) (Doy) (Yeor) (Hour	21E. INJURY OCCURRED While At Work Not Wh At Work	21F. HOW DID INJURY OCCUR?	
that (1) (we) Id	hat (1) (this hospital) atten ast saw the deceased alive from the causes stated abo		7-3-67 19 to	8-7-67 19 apinion death accurred on the d
23A. SIGNATURE	Sando	M.D. At	dending Med. Stoff Phys. 23D. ADDRESS	8-9-67
	el		23D. ADDRESS	
NAME (Typ	Laredo	M.D.	1514 Division Stree	(City, town, or county) (State

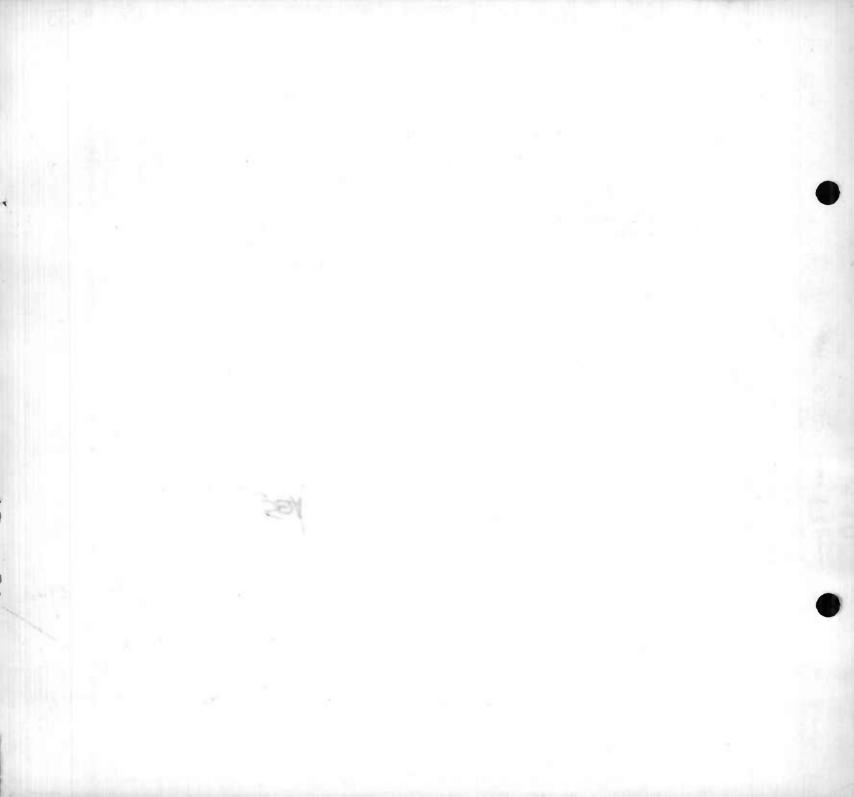
AUG 23 1967 Pole & Laberta Director AUG 23 1967 Pole & Laberta Director BCHD

VS 150-REV. 1/1/65

9/26/67-Compt. It food obstruction of clot to Remoral accord. -Retter film Brondent Hospital, filed in Bur, of Biastatistics - American Bely

	E CASE NO. NAME OF DECEASED Pe or Print) BACA, BABY BOY	2. DATE AND HOUR OF DEATH	12/47 8
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in haspital or institution, give street	A. USUAL RESIDENCE (Where deceased lived, If inst A, STATE B. COUNTY MD.	alt
	HOSPITAL OR address or location) INSTITUTION SINAI Kosp OF BALTIMORE	C. CITY OR TOWN (If outside city limits, Write RU BALTI MORE	JRAL and give tawnship)
5.		D. STREET ADDRESS (If rural, give location) 401 BEONGIA COURT	
	SEX 6. RACE WIDOWED, DIVORCED (specify) NEWER MARKIED MARKIED	7/6/67	Months Days Haurs Mi
	N. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY to during most all working life, even if relired)	11. BIRTHPLACE (State or foreign country) MALY LAND	12. CITIZEN OF WHAT COUNTRY? J. S. A.
13	BACA, MANUEL	14. MOTHER'S MAIDEN NAME HAAG, MARIENE	
1.5. (Y	Was Deceased Ever in U. S. Armed Farces? s,na ar unknawn) (If yes, give war ar dates of service) **Documental Security No. 16. SOCIAL No. 16. Soc	17. INFORMANT	ADDRESS
	DISEASE OR CONDITION DIRECTLY	F DEATH	INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH	DAMAGE OR MACFORMATION	24 HRS.
	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. II means the disease, injury or complication which caused death.)	AMYOTONIA CONGENITA	
	ANTECEDENT CAUSES (B)		
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost.		
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
ERTIFIC.	19A-DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
CALC	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 218. PLACE OF INJURY (e.g., in home, form, factory, street, all etc.)	n ar about 21C. WHERE DID (If in Boltimare lifice bldg., INJURY OCCUR?	City, give exact location)
MEDI	21 D. TIME (Month) (Day) (Year) (Haur) 21 E. INJURY OCCURRED While At Not While At Work At Work		,
	22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last saw the deceased alive an 7/7	7 6 19 67 to 7	/ (
	and haur and from the causes stated above. (1) (We) (did) (did nat) v	iew the bady after death.	
		ending Med. Staff. Director Phys.	7/8/67
		23D. ADDRESS	/
		INATOMY DOADD	OF MADVIAN
24	23C.PHYSICIAN'S NAME (Type)	INATOMY ROAPD	OF MADVI A (Ste

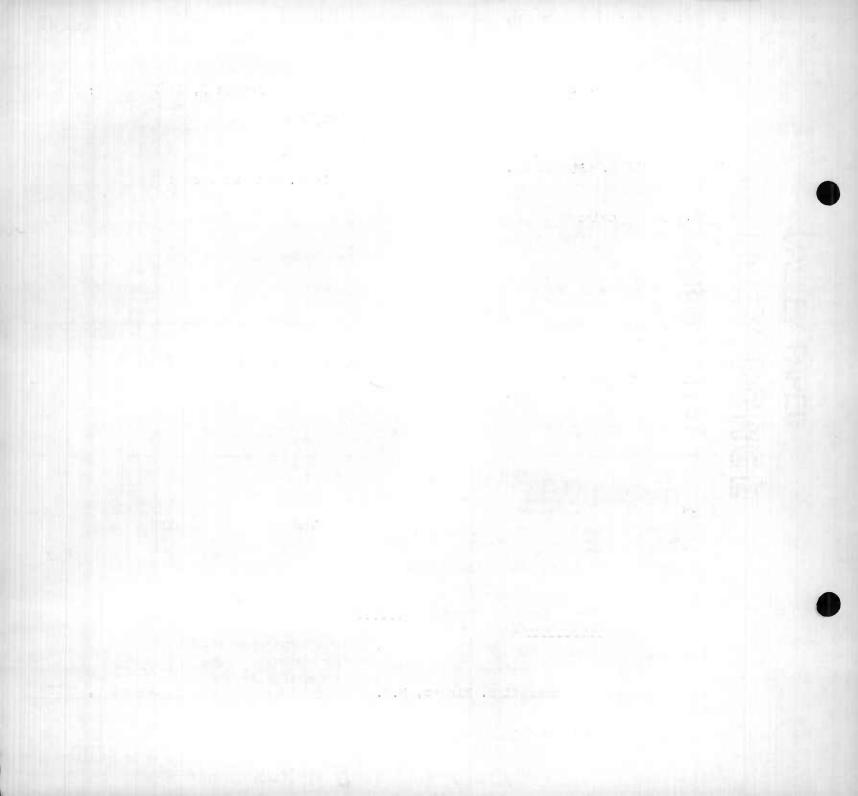
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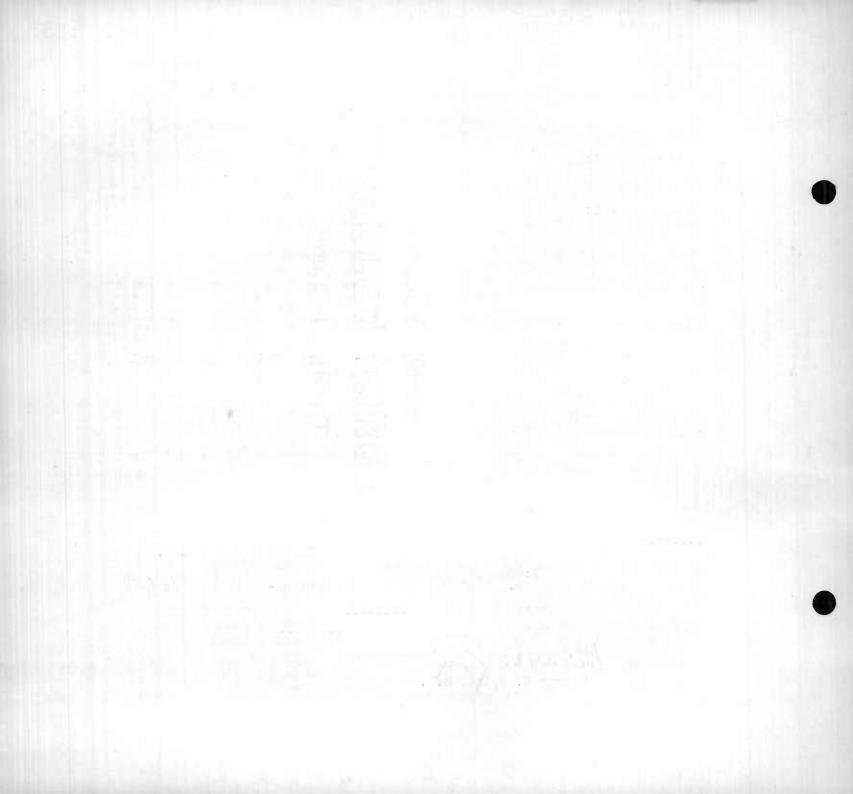
MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

M.	E CASE NO.								
1. I	NAME OF DECEASED				2. DATE AN	HOUR PRONOUNC	ED DEAD		
1.7	THOMAS JOHNSO	N			A	igust 7, 196	57	9:05 8	а м.
3. P	LACE IN BALTIMORE, MARYLAND, W	HERE PRONOUN	CED DEAD	4. USUAL RI A. STATE	SIDENCE (Where	deceased lived. If inst	litutian: resid	dence before o	dmission)
					vland	B. CO.	/1411		
HO	L NAME OF (IF NOT IN HOSPIT, ADDRESS OR LOCA	AL OK INSTITUT	ION, GIVE STREET			carparate limits, write	RURAL or	nd give townsh	nip)
INS	TITUTION			Po1	timoro			11-0	/
h	020 2				timore DDRESS (If rural,	give location)			
1	920 N. Calver	t St.		0.2	ON Col	vert Street			
5. S	EX 6. RACE	7. MARRIED. N	EVER MARRIED	8. DATE OF		9. AGE (In years	I If Under	1 Yr. If Unde	r 24 Hrs.
			VORCED (specify)		3.5	lost birthday)	Months	Doys Hours	Min.
	male Colored					14/2			
	JSUAL OCCUPATION (Give kind of war during mast af warking life, even if retired)	108. KIND OF	BUSINESS OR INDUST	RY 11. BIRTHPLA	CE (State or foreig	n caufitry)	12. CITIZE	EN OF T COUNTRY?	
0011	sating max at warking the, even it temes,								
13.	FATHER'S NAME			14. MOTHER'S	MAIDEN NAME				
15.	WAS DECEASED EVER IN U.S. ARMED	FORCES?	6. SO CIAL	17. INFORMA	NT		ADDRESS		
(Yes	, na arunknawn) (If yes, give war ar dote	s of service)	SECURITY NO.						
	1B.		CAUS	E OF DEATH				INTERVAL BE	
	DISEASE OR CONDITION DI	DECTI V						ONSET AND	DEATH
	LEADING TO DEATH	l	445	Antonios	aloratio	Cardiovascu	lar		
	(This daes not mean the mode of heart failure, asthenia, etc. It means	dying, e.g.,	DUE TO	ALLELIUS			n.m.m		
	injury ar camplication which caused	death.)			Disease	3			
	ANTECEDENT	c							
	DISEASES OR CONDITIONS, IF A		(B) DUE TO						
	RISE TO THE ABOVE CAUSE (A) S		DOE 10						
7	UNDERLYING CONDITION LAST.		(C)						
CERTIFICATION									
A	OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING	3						
E C	TO THE DEATH BUT NOT RE	LATED TO THE							
E	19A, DATE OF OPERATION 119B, CON		HICH OBERATION	TOO A AUTO	Deva (Van as Na)	OOD IE VEC WERE EI	NDINGS	ONCIDERED	
18	WAS PER		HICH OPERATION	20 A. AUTC		20B. IF YES, WERE FI			
AL					YES	Y	ES		
S	21 A. EXTERNAL CAUSE WAS UNDERLYING □OR CONTRIB-	hame,	ACE OF INJURY (e.g.	affice bldg., INJ	URY OCCUR?	It in Baltimare City, gi	ve exact lo	(cotian)	
MEDIC/	UTING CAUSE OF DEATH.	etc.)							
Σ	21 D TIME (Manth) (Day) (Yea	r) (Hour) 21E	INJURY OCCURRED	21 F	HOW DID INJU	IRY OCCUR?			
	OF INJURY (APPROX.)	WH	HILE AT NOT	WHILE					
		m. W	ORK L AT	WORK					
	22.	nguiry 🗌	Inspection A	utapsyX	and that an thi	s bosis, death in r	ny opinior	n	
	resulted from: Notural co	GTTT .	cident Suici		nicide U	Indetermined mann			
	resulted from: Notorol Co	OSES M.	cideni 🗀 Juici				ei [_]		
	ACTUAL ///	1			MEDICAL EX			DATE SIG	NED
1	SIGNATURE	ome	M.I	D. ASSISTANT	MEDICAL EX	AMINER			
	EXAMINER'S			ASSOCIAT	E MEDICAL EX	CAMINER			
	NAME (Type) Ru	ssell S.	Fisher, M.	D. 4 %	LTONY	DOIDDO	Augus	to 7, 19	67)
	MOVAL (Specify) 23B. DATE	23C.	NAME OF CEMETERY	or CREMATORY	7 FA 1 0 23 D. L	OCATION - CCITY	, dawn, or	county) [[[]	Stofal
KE	C.	117	Po to	TIA	HYCECT	TW MEDIC	AT	CHOOL	
24	A. DATE REC'D BY HEALTH DEPT.	24B, NAME O	F REGISTRAP	24C FI	NERAL DIRECTOR	MEDIL	PL	DDRESS	
24/	AUG 23 1967	A	4 100	1	OP TILL D	W CEDYIC	+ 174		
	A00 50 1307	John Bell	I , Farbum		UKIUAK	Y SERVIC	15	BCHD	
		1 7		-	0-17 13				



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MEDICAL E	EXAMINER'S	CERTIFICATE	OF	DEATH	Registered No.	01	3

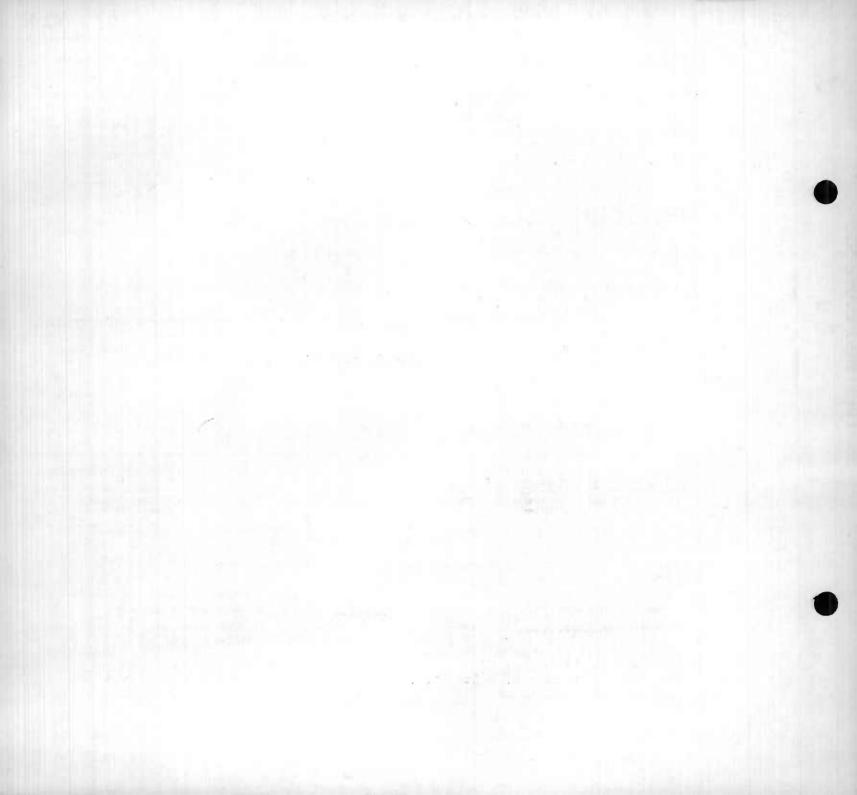
M.E. CASE NO.		-			0.000	HOUSE SECTION S.	ED DOAD	
1. NAME OF D	DECEASED		cn=nv			HOUR PRONOUNCE	ED DEAD	
RALPH 3. PLACE IN BA	ALTIMORE, MARYLAND, W	VHERE PRONO	GREEN UNCED DEAD	4. USUAL RESIDE	Augus		itution: resi	dence before admission
				A. STATE Maryla		B. COU		
FULL NAME OF	F (IF NOT IN HOSPIT ADDRESS OR LOC.	ATION)	JTION, GIVE STREET			carparate limits, write	RURAL	nd give lownship)
NOITUTITZNI				Baltim	ore			4-01
Merc	y Hospital			D. STREET ADDR				
5. SEX	6. RACE	7 44 4 8 8 1 5 7	NEVER AAABBIED	8. DATE OF BIRTH	ket Plac		Titiliada	r 1 Yr. If Under 24 H
Male	White	WIDO WED,	NEVER MARRIED DIVORCED (specify)			9. AGE (In years lost birthday) 59		Doys Hours Min.
	CUPATION (Give kind of wor of working life, even if retired)	k 108. KIND OI	F BUSINESS OR INDUST	RY 11. BIRTHPLACE	State ar foreign	country)	12. CITIZ	EN OF AT COUNTRY?
3. FATHER'S NA	AME			14. MOTHER'S MA	AIDEN NAME			
	(SED EVER IN U.S. ARMEI wn) (If yes, give war ar date		16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRES	S
18.	ars V		CAU	SE OF DEATH				INTERVAL BETWEEN
heart fails	s not mean the made of ure, asthenia, etc. It mean camplication which caused	s the disease, deoth.)	XXXXX	anio-Cerebra Hematoma	al Injur	y and Subd	ural	
DISEASE RISE TO UNDERL	ure, asthenia, etc. It mean camplication which caused ANTECEDENT CAUSE SOR CONDITIONS, IF ATTHE ABOVE CAUSE (A) SYING CONDITION LAST.	f dying, e.g., s the disease, death.) ES ANY, GIVING STATING THE	(B)		al Injur	y and Subd	ural	
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DISEASE RISE TO UN DERL' OTHER SI TO THEE DISEASE 19A. DATE 19 21A. EXTERN	ure, asthenia, etc. It mean complication which caused ANTECEDENT CAUSE S OR CONDITIONS, IF A THE ABOVE CAUSE (A) SYING CONDITION LAST. II IGNIFICANT CONDITIONS EDEATH BUT NOT RE OR CONDITION CAUSINOOF OPERATION [19.6].	f dying, e.g., s the discose, deoth.) ES ANY, GIVING STATING THE G CONTRIBUTII G IT. NDITION FOR REFORMED	(B)	Hematoma 200A. AUTOPSY? Yes From a rabout 21C. We affice bldg., INJURY	Y (Yes ar Na) 2 11 THERE DID (18 OCCUR?	OB. IF YES, WERE FIIN CERTIFYING CAUS	NDINGS C SES OF DI	Yes
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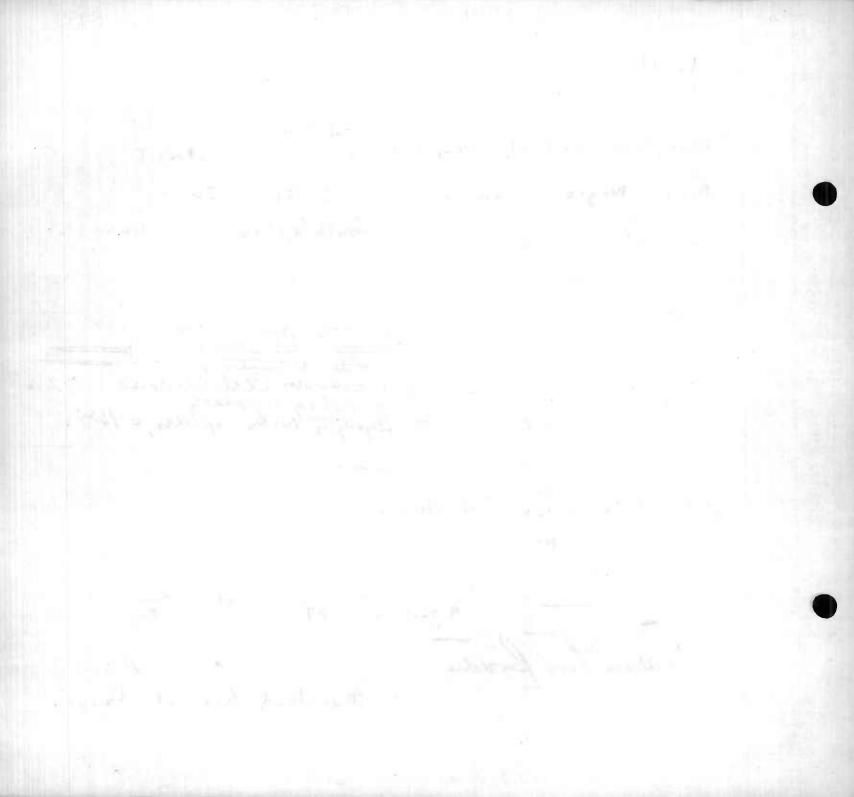
MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

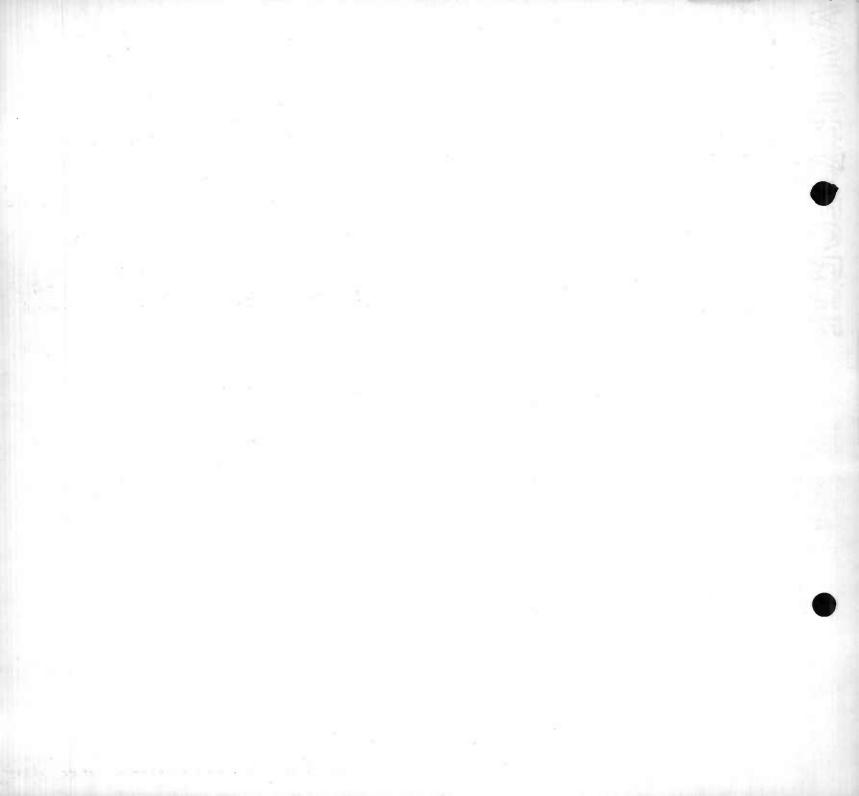
M.E. CASE NO).							
1. NAME OF I	DECEASED	710-110-2			2. DATE AN	D HOUR PRONOUNCE	D DEAD	
SAMUE	L		MOOREFIELI)	Aug	ust 1, 1967	9:07	A. M.
3. PLACE IN B.	ALTIMORE, MARYLAND, V	HERE PRONOUN	CED DEAD	4. USUAL RES A. STATE Maryla	IDENCE (Where	deceosed lived. If insti B. COU	tution: residence before o	dmission)
FULL NAME O	F (IF NOT IN HOSPIT	AL OR INSTITUT	ION, GIVE STREET			de corporote limits, write	RURAL ond give towns	hip)
NOITUTITENI				Baltin	***		17-	05
1807 N	. Calvert St.	(DOA)			DRESS (If rurol	aive location)	10	
100, 1	· outvoic be.	(BOIL)			N. Calve			
5. SEX	6. RACE	7. MARRIED. N	EVER MARRIED	B. DATE OF BI	-		If Under 1 Yr, If Under	or 24 Hrs.
Male	White	WIDOWED, DI	VORCED (specify)			9. AGE (In years lost bighday)	Months Doys Hours	Min.
	CCUPATION (Give kind of wo of working life, even if retired)	k 108. KIND OF	BUSINESS OR INDUST	RY 11. BIRTHPLAC	E (Stote or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S N	AME			14. MOTHER'S	MAIDEN NAM	NE .		
15. WAS DECE	ASED EVER IN U.S. ARME	D FORCES?	6. SO CIAL	17. INFORMAN			ADDRESS	
	(If yes, give wor or dot		SECURITY NO.		- II. (C		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
18.	221		CAUS	E OF DEATH			INTERVAL BI	
DIS	EASE OR CONDITION D	RECTLY					Oltobi Alto	01.7
	LEADING TO DEAT		(A) Arter	ciosclero	cic Card	iovascular D	isease	
heort foil	es not mean the made oure, asthenia, etc. It mean	dying, e.g., s the diseose.	DUE TO					
injury or	complication which coused	deoth.						
	ANTECEDENT CAUSI	S						
	S OR CONDITIONS, IF	ANY, GIVING	DUE TO					
	THE ABOVE CAUSE (A) S							
			(C)	***************************************				
2	11							
OTHER S	SIGNIFICANT CONDITIONS E DEATH BUT NOT RI						Section 1	
H DISEASE	OR CONDITION CAUSIN	G IT.			••••••			
OTHER STORY OF THE OTHER STORY OTHER S	OF OPERATION 198, CO	NDITION FOR WI	HICH OPERATION	20A. AUTOP		208. IF YES, WERE FIN		Yes
₹ 21 A. EXTER	NAL CAUSE WAS	21B. PL	ACE OF INJURY (e.g.	, in or obout 21 C.	WHERE DID	(If in Boltimore City, giv	re exact location)	
21 A. EXTER UNDERLYING UTING C	AUSE OF DEATH,	home, etc.)	form, foctory, street,	office bldg., INJU	RY OCCUR?			
OF INJURY	(Month) (Doy) (Yes	or) (Hour) 21 E	INJURY OCCURRED	21 F.	THI DID MOH	URY OCCUR?		
(APPROX.)		m. WH	ILE AT NOT	WHILE				
22.				-	t at			
		85-		utopsy X	nd that on th	is basis, death in m	y apinian	
re	sulted fram: Natural co	uses A	cident Suici	de Hami	cide	Undetermined manne	ir 🔛	
	lango	1 6-	-	CHIEF	MEDICAL E	XAMINER	DATE SIG	CHED
ACTU	ATURE NUMB	h. 700	-	ASSISTANT	MEDICAL E	XAMINER X	DATE SIC	SHED
EXAM	MINER'S Werr	er U. Sp:	itz, M.D.	ASSOCIATE	MEDICAL E	XAMINER	8/1/67	NID
23A, BURIAL C	Type)	122.0	NAME OF CEMETERY	CDEAA ATODY			fown, or county)	(Stote)
REMOVAL (Spe		, 230.	NAME OF CEMETERS	or CREMA KORF	23.04	ECCATION (City,	iown, or county/	131016)
	8/1	7/67		IN	IVERS	TY MEDIC	AL SCHOO	L
24A. DATE REC	O'D BY HEALTH DEPT.	24R NAME OF	FREGISTRAR	24C. FUNI	RAL DIRECTO	R	ADDRESS	
	AUG 23 1967	Robert	E. Farburt	M	ORTUA	RY SERVICE	CE - BCHD	
VS 151-REV. 1	/1/65	1 4		U				1

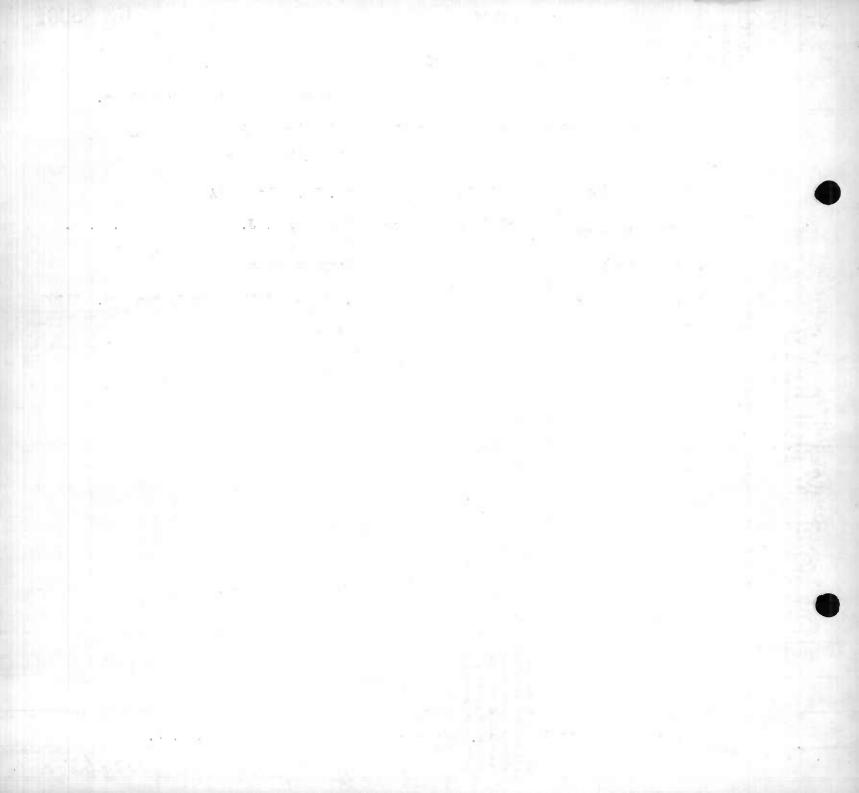


IMPORTANT

FUNERAL DIRECTOR:







BIRTH NO.

V\$ 151-REV. 1/1/65

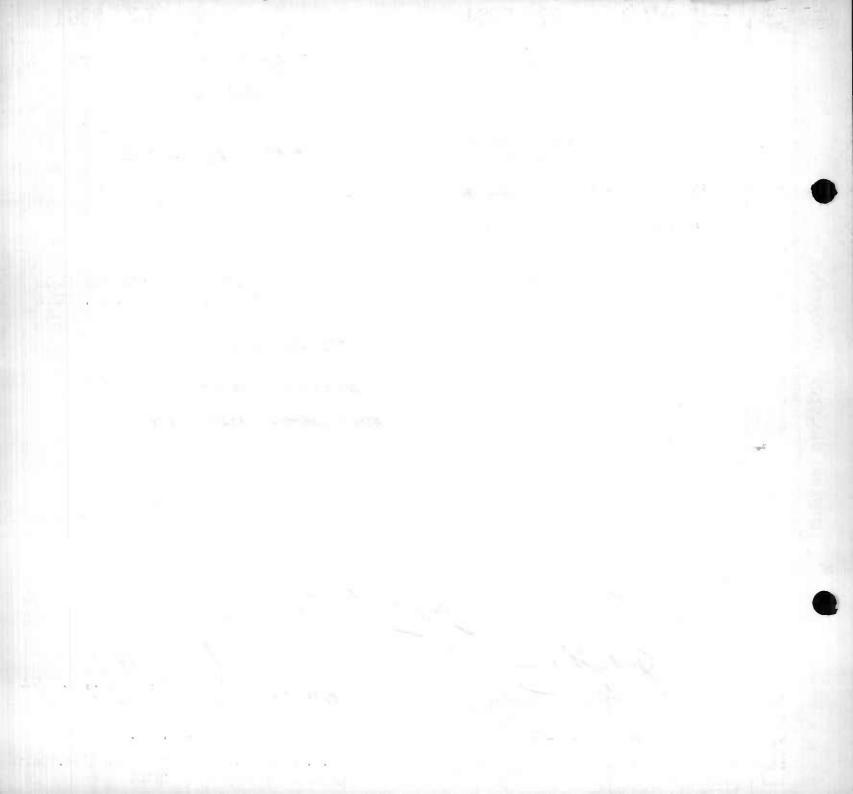
67 8062 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67

A.E. CASE NO.								
NAME OF DECEASED	TERON	0 00	DINGON		2. DATE ANI	HOUR PRONOUNC	ED DEAD	
	LEROY		BINSON			ist 20, 1967		10:30 P.M.
. PLACE IN BALTIMORE,				A. STATE	Maryland	deceosed lived. If inst B. COL		ice before odmission
TULL NAME OF (IF	DRESS OR LOCA	TION)	JTION, GIVE STREET	C. CITY OR TO	WN (If outside	e corporote limits, write	RURAL ond	give to wnship)
					Cambridg		5/1	3
South Ba	1timore	General	Hospital	D. STREET ADE	Star Rou			
. SEX 6. RAC		7. MARRIED,	NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRT		9. AGE (In years lost birthdoy)	If Under 1	Yr. If Under 24 Hrs.
	ite	Marri	led	Aug. 24		360gy		
one during most of working l Waterman		Seal		Crocher	on, Mary	land	12. CITIZEN WHAT	COUNTRY?
3. FATHER'S NAME	McClain	Robinso	n	14. MOTHER'S A	ola Sull			
s, no of unknown) (If yes,			16. SOCIAL SECURITY NO.	Mrs. McC	lain Rob	oinson, Croc	heron,	Md. 21627
1B.	11 21			SE OF DEATH			III	TERVAL BETWEEN
OTHER SIGNIFICAN TO THE DEATH DISEASE OR CO	(E CAUSE (A) ST NDITION LAST.	NY, GIVING THE THE CONTRIBUTING TO TO						
19A, DATE OF OPERA		DITION FOR	WHICH OPERATION	20A. AUTOPS	Y? (Yes or No)	20B. IF YES, WERE FII IN CERTIFYING CAUS Yes	NDINGS CON	ISIDERED H?
21A, EXTERNAL CAUSE UNDERLYING OR COUTING CAUSE OF I	E WAS INTRIB- DEATH.	home etc.)	PLACE OF INJURY (e.g., form, foctory, street, highway	office bldg., Ea	Y OCCUR? St	If in Boltimore City, gi cate Route 3 olden Hill F	36 - 1	mile
(APPROX.) 8-19	-67 1:4	40 Pm. V	VHILE AT NOT	WHILE X Dr	iver of	motorcycle	that si	truck deer
22. I certify tha	t I held an li	nquiry 🗌	InspectionA	utapsy X an	d that an thi	s basis, death in n	ny apinian	
resulted fra	m: Natural car	ses A	ccident X Suici	de Hamic	ide 🗌 U	Indetermined manne	er 🗌	
ACTUAL SIGNATURE	Cherl	e J. =	Soul M.	CHIEF M	EDICAL EX			DATE SIGNED
EXAMINER'S NAME (Type)	Charles	S. Spri	ingate, M.D.	ASSOCIATE I			ugust 2	21, 1967
3A, BURIAL CREMATION EMOVAL (Specify) Burial	8/24/1	- 0	orchester Me		_	ambridge, M	aryland	
4A. DATE REC'D BY HEA	IG 23 1967		of REGISTRAR		te Fune:	ral Service		idge, Md.

THE THE REST. WE The second of th , Beside E. II ile Secret FUNERAL DIRECTOR: IMPORTANT

M.E. CASE NO. 1. NAME OF DEC (Type or Print)		000	3 CERTIFICA	IL OI DEATH		
type of thin	CEASED				ND HOUR OF DEATH	, 20
	WILLIAM G. SI	MITH			-18-67	4-5
FULL NAME (ATH IN BALTIMORE, MA		ation to	A. STATE B. COU Bal	NTY	stitution: residence before odmissi
HOSPITAL OR	oddress or locolio		ive sileel		utside city limits, write R lorthern Park	WAY
	1509 E. North Baltimore, Ma		way,	D. STREET ADDRESS (I	f rural, give location)	kway, Balto. Md.
. sex Ma.le	6. RACE White	WIDOWED	NEVER MARRIED , DIVORCED (specify) arried	B. DATE OF BIRTH 3-29-03	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Months Doys Mours Min
one during most of	UPATION (Give kind of work working life, even if retired)	108. KIND OF		11. BIRTHPLACE (State or for Penna	eign country)	12. CITIZEN OF WHAT COUNTRY?
3. FATHERS NA			0001	14. MOTHER'S MAIDEN NA	AME	
	am E. Smith			Rose Mae		
	d Ever in U. S. Armed For n)(If yes, give wor or dote		16. SOCIAL SECURITY NO. 213 09 0876	17. INFORMANT Mrs. Marian	A. Smith 150	9 E. Northern
O THER SIGN	G CONDITION last. III DEATH BUT NOT RELATIONS CONDITION CAUSING	ATED TO THE	•	evere Obst		
19A. DATE O		DITION FOR V	VHICH OPERATION	20A. AUTOPSY? (Yes or N	IN CERTIFYING CAL	FINDINGS CONSIDERED
						USES OF DEATH?
21A. ACCIDE OR CONTRIB DEATH (notif	ENT WAS UNDERLYING UTING CAUSE OF y medical examiner)	21 B. hem etc.)	e, torm, foctory, street, of	n or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimore	USES OF DEATH?
OR CONTRIB	ENT WAS UNDERLYING UTING CAUSE OF	(Hour) 21E,	e, form, foctory, street, of INJURY OCCURRED Ie At Not While	21F. HOW DID IN		
21A. ACCIDE OR CONTRIBUTED OF CONTRIBUTED OF INJURY (APPROX.) 22. I certify that (I) (we and hour on 23A. SIGNAT	ent was underlying uting Cause of y medical examiner) (Month) (Doy) (Year) y that (1) (this hospital) lost sow the decease of from the couses stout	(Hour) 21E, Whi Woi	thjury Occurred th Jury Occurred le A1	21F. HOW DID IN 21F. HOW DID IN 19 7 and the lew the body ofter death and inding Med. Director	JURY OCCUR?	City, give exact location)
21A. ACCIDE OR CONTRIBUTE OF INJURY (APPROX.) 22. 1 certify that (I) (we and hour on 23A. SIGNAT.	ent was underlying uting Cause of y medical examiner) (Month) (Day) (Year) That (I) (this hospital) lost sow the decease of from the couses stored from the co	(Hour) 21E, Whi Wor 1) attended the dolive on ted obove. (1	injury Occurred Injury Occurred In Mot While At Work The deceased from M.D. Atter M.D. Atter M.D. Atter M.D.	21F. HOW DID IN 21F. HOW DID IN 19 47 and the body ofter death and in Med. Director 23D. ADDRESS 5820/6/	Stoff Phys.	City, give exact locotion) 1967 1967 1967 23B. DATE SIGNED 23B. DATE SIGNED 36/8 2/2/2 20
21A. ACCIDE OR CONTRIB DEATH (notify CAPPROX.) 22. I certify that (I) (we and hour on 23A. SIGNATION NAME AND	was underlying uting Cause of y medical examiner) (Month) (Doy) (Year) y that (1) (this hospital) lost sow the decessed from the couses stoure. URE EMATION, (Specify) 181 8-21-	(Hour) 21E Whit World of the dolore on ted obove. (1	injury Occurred Injury Occurred Injury Occurred In Mot While In deceased from M.D. Atte Phy M.D. Me of CEMETERY or CRE Oreland Mem.Pa	21F. HOW DID IN 22F. H	Stoff Phys. LOCATION (Ci	City, give exact locotion) 1967 1967 1967 23B. DATE SIGNED 8/5/67 Self 8 2/2/2 Marty, town, or county) (Storing County)
21A. ACCIDE OR CONTRIB DEATH (notify CAPPROX.) 22. I certify that (I) (we and hour on 23A. SIGNAT.) 23C. PHYSICI. AA. BURIAL CRI REMOVAL. BUT:	ent was underlying Uting Cause of y medical examiner) (Month) (Doy) (Year) y that (1) (this hospital) lost sow the decease of from the couses stout from the couse	(Hour) 21E. Whi World of the dolive on ted obove. (1	injury Occurred Injury Occurred Injury Occurred In Mot While In deceased from M.D. Atte Phy M.D. Me of CEMETERY or CRE Oreland Mem.Pa	21F. HOW DID IN 21F. H	Stoff Phys. LOCATION (Ci	City, give exact location) 1967 1969 19

7.2 Comment Chellenger. my dedicate. come a deserve 47 Cang 15" 15 Freed Land



1	67 8	365 BALTIMORE CITY	HEALTH DEPARTMENT	Registered Na	67 8065
	E CASE NO.		TE OF DEATH		
(Ту	po or Print) Onal Hea	rick HEDI	ZICK 2. DATE A		16110 P. M.
3.	PLACE OF DEATH IN MALTIMORE, MARYLAND		A. STATE B. COU		stitution: rosidonco beforo odmission)
1	FULL NAME OF (If not in hospital or institut oddress or location)		1 1 1 -	-	RURAL ond give township)
6	university Hospit	al	D. STREET ADDRESS (III	rurol, give location)	+
5.		RIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
V	Male White WIDE	DWED, DIVORCED (specify) AULLE D OF BUSINESS OR INDUSTRY	11/16/24	lost birthdoy)	Months Doys Hours Min.
	e during most of working life, even if retired)	. /	11. BIRTHPEA CE (State or for		12. CITIZEN OF WHAT COUNTRY?
13	FATHERS NAME	use wife V	14. MOTHER'S MAIDEN NA		61.5.
	PETER W. SHIRL	EY	Corlie S	priggs	
15. (Ye	Was Docoosed Ever in U. S. Armed Forcas? s,no or unknown) (If yos, give wer or dates of serv	1 6. SOCIAL SECURITY NO.	17. INFORMANT HARL	ES HEDRIC	K. ADDRESS
	NO	_	Husbana	e 346 E 25	TH St. PALT. MD.
	18. / 70 / 1	CAUSE O	FDEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	6	acimama	of broats	
	(This does not mean the made of dying, heart failure, asthenia, etc. It means the dise				**************************************
	injury ar camplication which caused death.)	000	16in Ochun	1 metas	tan'
	ANTECEDENT CAUSES	DUE TO	conce sovice	1 True Con	1 944 42
	DISEASES OR CONDITIONS, if any, gi				
	UNDERLYING CONDITION last.		######################################		0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	JTING THE			
ERTIFICA	19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or N	O) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
AL C	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinar)	21B PLACE OF INJURY (e.g., in home, form, foctory, street, of otc.)	n or obout 21 C. WHERE DID fice bidg., INJURY OCCUR?	(If in Bo)timore	City, give exoct locotion)
EDIC	21 D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
2	(APPROX)	While At Not While Work Not Work	e		
	22. I certify that (I) (this hospital) attend	ed the deceased from	8.20.67	.19ta&	120.67 19
	that (I) (we) last saw the deceased alive	on 8.20.67	19	hat In(my) (aur) api	nion death occurred on the date
	and have and from the causes stated above				
	23A. SIGNATURE			/	23B. DATE SIGNED
	10gustilism	Phy	To the state of th	Stoff Phy s.	8.20.67
	23C. PHISICIAN'S NAME (Typo) ROBERC T	PERON M.D.	23D. ADDRESS		
24	A. BURIAL CREMATION, 24B. DATE 24	C. NAME OF CEMETERY OF CRE	MATORY 24D.	LOCATION (Ci	ly, town, or county) (State)
200	BURIAL 8/43/67	GREENWAY		ERKELEYS	BRINGS, W. VA.
25	A. DATE REC'D BY HEALTH/DEPT. 258. NA	A CO LOS	29C FUNERAL DIRECTO	anal Des	LE Deleglin Son
VS	AUG 2 3 1967 170	The St. Clarkwing	Protocur St	1134	41 7/4

W. VA

VS 151-REV. 1/1/65

Corrected by Birth Cert. 61-04965 10-24-67 M.H.

BIRTH NO. 67.	XIIS7	TE OF DEATH Registered	No. 67 8067
M.E. CASE NO. 1, NAME OF DECEASED Type or Print) MARY	SCHWARTZ	2. DATE AND HOUR OF D AUGUST 19,	
FULL NAME OF HOSPITAL OR INSTITUTION PLACE OF DEATH IN BALTIMORE, MAR	r institution, give street	A. STATE B. COUNTY MARYLAND C. CITY OR TOWN (If outside city limits,	
BELVEDERE NURSII 2525 WEST BELVEDI		BALTIMORE D. STREET ADDRESS (If rurol, give locations) 3726 WOODHAVEN AVENU	
5. SEX 6. RACE WHITE	MARRIED, NEVER MARRIED WIDOWED (Specify)	B. DATE OF BIRTH 9. AGE (In year lost birthday)	
10A, USUAL OCCUPATION (Give kind of work) done during most of working life, even if retired) HOUSE(VIFE	OB. KIND OF BUSINESS OR INDUSTRY AT HOME	11. BIRTHPLACE (State or foreign country) NEW YORK	12, CITIZEN OF WHAT COUNTRY?
13. FATHERS NAME UNKNOWN		14. MOTHERS MAIDEN NAME JENNIE ?	
5. Was Deceosed Ever in U. S. Armed Forci Yes, no or unknown) (If yes, give wor or dotes	of service) 16.22 ES 12.80.1939 VES	MRS MARJORIE WHITMAN	ADDRESS # 15
heart failure, asthenia, etc. II means to injury or complication which coused a ANTECEDENT CAUSES DISEASES OR CONDITIONS, if or rise to the above cause (A) UNDERLYING CONDITION last.	(B) DUE TO ny, giving stoling the (C)		
DISEASE OR CONDITION CAUSING IT.	NITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, IN CERTIFYIN	WERE FINDINGS CONSIDERED G CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n of obout 21 C. WHERE DID (If in B. INJURY OCCUR?	oltimore City, give exact location)
21D. TIME (Month) (Doy) (Yeor) OF INJURY (APPROX.)	(Hour) 21E INJURY OCCURRED While At Not While At Work		
22. I certify that (I) (this hospital) that (I) (we) lost sow the deceased and hour and from the couses state 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) IRVIN SAL	od above. (I) (We) (did) (did nat) v	ending Med. Stoff	r) opinion death occurred on the
BURIAL CREMATION, 248. DATE BURIAL (Specify) BURIAL	24C. NAME OF CEMETERY OF CRI	ROSEDALE	(City, town, or county) (Sto
AUG 23 1967	Pose & E Janke	25C. FUNERAL DIRECTOR	ADDRESS 010 REISTERSTOWN RI

VS 150-REV. 1/1/65

213 2 - 11-3

K	- 52-6	
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death (not shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	
	hospitals of the spiral of the	
	oting cod caused catten	. 0
•	ontribu ermine regula	is mad
	f death ct or c) Undet was in	position
TANT	istant i he dire kind; (4 death	nal dist
MPOR	his ass lso, if t of any l unced	ed or fi
FUNERAL DIRECTOR: IMPORTANT	iner or acture prono	mbalm
IRECT	exam (3) A fi	1s are e
RAL D	medical medical burns; physician	remail
FUNE	by a 1 2) Body re the	fora the
	ed by the state of	ad ben
•	approver to the help fany nell (exce	o obtai
	leased sident o hospita	must
	This certificate must be appethe body was released to the shows: (1) An accident of a was D.O.A. at a hospital (deceased prior to death):	written approval must be obtained before the remains are embalmed or final disposition is made.
	is certifie body ows: (1) is D.O.	itten a
	th the	3

BIRTH NO.	6'	7 800	68 CERTIFICA	TE OF DEAT	H Registered No	67 8068
M.E. CASE NO. 1. NAME OF DE (Type or Print)		FR S	OHN	2. DA1	AUGUST 19	
. PLACE OF D	EATH IN BALTIMORE, MA	ARYLAND		4. USUAL RESIDENCE	(Where deceased lived, If	institution: residence before admission
FULL NAME	DF (If not in hospital	or institution,	give street	A. ST MARYLAND,	BALT IMORE	
HOSPITAL DE	oddress or location	on)		C. CITY OR TOWN	(If outside city limits, write	e RURAL and give township)
	BALTIMORE CIT 4940 EASTERN		TALS	Essex ((If rural, give location)	9300
	BALTIMORE, MA		122/		IA ROAD, 21221	
S. SEX	6. RACE	7. MARRIED,	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	Transaction of the second
MALE	WHITE	WIDOWE	DIVORCED (specify)	12-5-92	lost hirthdoy)	Manths Days Hours Mir
	CUPATION (Give kind of wo		BUSINESS OR INDUSTRY	11. BIRTHPLACE (State o	r foreign cauntry)	12. CITIZEN OF WHAT COUNTRY?
tone donning most c	watering ma, even it remoo,		ork Seal Co.	Baltimor	e. Ma.	U. S. A.
3. FATHER'S NA	ME			14. MOTHER'S MAIDEN		
Al	bert Kneucker			Marg	aret	
5. Was Decease Yes, no or unknow	d Ever in U. S. Armed Fo	orces? tes of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	_			RECORDS: BCH A	1940 EASTERN A	AVE.BALTO.,MD.2122
18.	/ XI	-74	CAUSE O	DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISE	ASE OR CONDITION D		7	2.12112.22.1.2		6-1-
(This does	nat mean the made a		(A) DUE TD	NEUMONITI	<u> </u>	<i>W21</i> S
rise to t	OR CONDITIONS, if he abave cause (A) IG CONDITION lost.	any, giving	DUE TO		l, Gaszen Cen	
OTHER SIGN	II NIFICANT CONDITIONS DEATH BUT NOT REL R CONDITION CAUSING	ATED TO TH	CEREBRAL		ACCIDENT.	
OTHER SIGN TO THE DISEASE O 19A. DATE O		NOTION FOR	WHICH OPERATION	Yes	or No. 20B. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRI	ENT WAS UNDERLYING DUTING CAUSE OF Medical examiner	21 8 hom etc.	PLACE OF INJURY (e.g., in le, form, foctory, street, of	ar about 21C. WHERE D	If in Boltim	ore City, give exoct locotion)
21D. TIME OF INJURY (APPRDX.)	(Month) (Doy) (Yeor		ile At Not While		D INJURY OCCUR?	
22. I certif	y that (1) (this haspire	tt) ottended t	he deceased fram	AUGUST 1,	1967 to AU	GUST 21, 1967
that (I) (we) last saw the deceas	ed olive an	21 AUGUST	1967	nd that in (my) (pinion death accurred on the
ond hour o	nd fram the couses sto	ated above. () (MB) (did) (did max) v	iew the bady ofter de	oth.	
23A. SIGNAT	URE DO	77/	6	10	P. 11	238, DATE SIGNED
1	Russell	& IHE	M.D. Atte	nding Med. Director	Stoff Phy s	21 AUGUST 196
23 C. PHYSIC NAME	(Type)			BALTIMORE C	ITY HOSPITALS	
	SSELL D. HICK		M.D.	4940 EASTERN	AVE. BALTO.,	
REMOVAL		24C. N.	AME of CEMETERY of CRE	MATORY 2	4D. LOCATION	(City, town, or county) (Sto
Buria	-1-21-		Cathedral Cer		Baltimore.	Mal.
25A. DATE REC'	ON THE SALES OF THE PARTY OF TH	INCO DIABLE A		I lose Testaren sa mana		
	AUG 2 3 1967	258. NAME	of REGISTRAR	Bruzdzinsk	(Sugar	ADDRESS

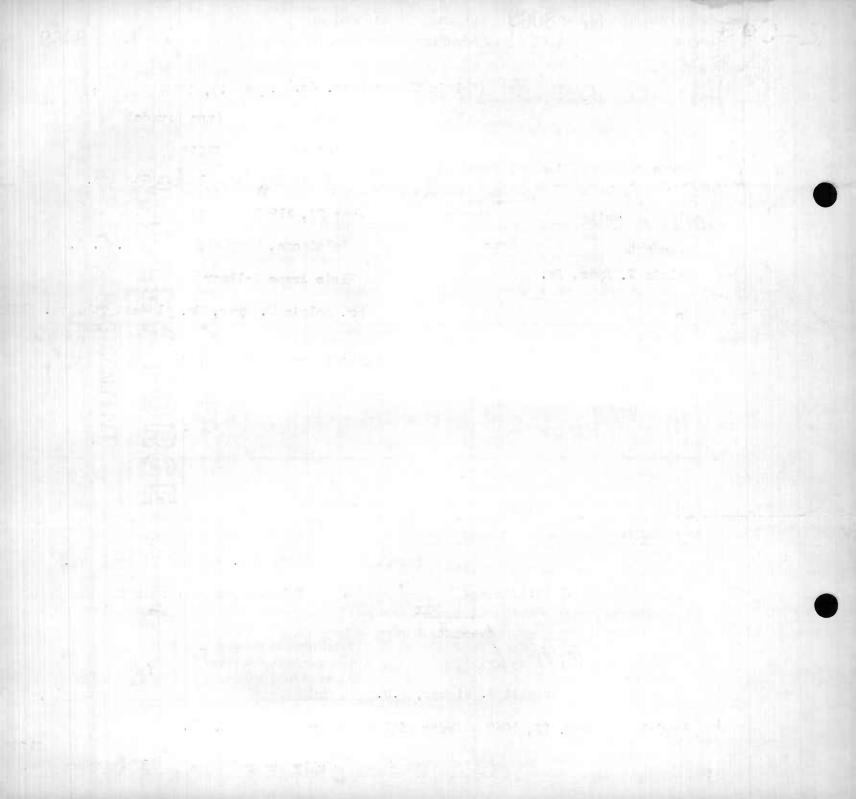
the officer of the second of the second Presiments Asservand laster Comes CHERRY WESTILLS ACCIONS A water Deficition

VS 151-REV. 1/1/65

67 8069 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered NO.7 8069

A.E. CASE NO.									
. NAME OF D	DECEASED				2. DATE AN	D HOUR PRONOUNC	ED DEAD		
ype ur riini)		LVIN RYER	(Melvin Thom	as Rye:	r, Jr.) Augu	st 19. 1967		2:10	а м.
PLACE IN 8A	ALTIMORE, MARYL	AND, WHERE PRONOL	NCED DEAD	4. USUA	L RESIDENCE (Where	st 19, 196/ deceased lived. If inst 8. COL	itution: resid	dence bafare admi	s sian)
IIII NAME O	E (IE NOT IN	HOSPITAL OR INISTITU	TION CIVE STREET	Ma	ryland	Anne Ar	undel		
ULL NAME OF	ADDRESS	HOSPITAL OR INSTITU OR LOCATION)	HON, GIVE STREET	C. CITY	OR TOWN (If autside	e carparate limits, write	RURAL an	nd give tawnship)	
13111011014				Ва	ltimore	21 225	150	1-00	
South	Raltimore	e General Ho	enital		T ADDRESS (If roral,	give location)			
bouth	Daltimore	e deliciai no	Spical		XXXXXXXXXX	XXX 1 West	t 7th	Ave.	
. SEX	6. RACE		NEVER MARRIED	8. DATE	OF BIRTH	9. AGE (In years last birthday)	If Under	1 Yr. If Under 2	4 Hrs.
Ma1 -	T.That to a		ingle	Jun	e 24, 1951	16	Manins	Days Hours	/viin.
Male OA. USUAL OC	White CUPATION (Give ki	nd af work 108. KIND OF					12. CITIZE	N OF	
	af warking life, even	if retired) None		P	altimore, M	amuland	WHA.	S. A.	
Stud 3. FATHER'S NA		110110			ER'S MAIDEN NAM				
	n T. Ryer	. Sr.							
		ARMED FORCES?	16. SO CIAL	17. INFOR	sie Irene V	OTTWEL	ADDRESS		
		or ar dates of service)	SECURITY NO.			D			23.2
No				Mr.	Melvin T.	Ryer, Sr.	L West	7th Ave	. 212
18.	19.7		CAU	SE OF DEA	TH			INTERVAL SETW	
DISE	ASE OR CONDI	TION DIRECTLY						ONSET AND DI	EATH
5.50	LEADING TO		(A)	Multi	ple traumat	ic injuries			
(This dae heart failt	s not mean the pre, asthenia, etc.	made of dying, e.g., It means the disease, caused death.t	DUE TO		· · · · · · · · · · · · · · · · · · ·	······································		V*************************************	
injury ar	camplication which	caused death.!							
	ANTECEDENT .	CAUSES							
	S OR CONDITIO	NS, IF ANY, GIVING	(B)						**********
	THE ASOVE CAUS	SE (A) STATING THE N LAST.							
Z			(C)						
=	II.								
		DITIONS CONTRIBUTION NOT RELATED TO T							
	OR CONDITION			*					******
19A. DATE		9B. CONDITION FOR V	VHICH OPERATION	20 A. A		20B. IF YES, WERE FI			
		TAS TERIORITED			NO	IN CERTIFIEND CAD	SES OF DEA	AIR:	
∠ 21 A, EXTERN UNDERLYIN	GAL CAUSE WAS	21 B.	farm, factory, street,	, in ar abou	21C. WHERE DID	If in Baltimare City, gi	ve exact lo	cation)	. A K
OTING C	AUSE OF DEATH.	etc.)				170 and	Cibbo		00
21D TIME	(Manth) (Da	y) (Year) (Haur) 2	Stre		21F, HOW DID INJU	te. 170 and	GIDDO	ns Ave.	_
OF INJURY			HILE AT NOT	T WHILE					
22.	8 19	67 12:13am. V	ORK AT	WORK X		was passer			
	ertify that I held	d an Inquiry	InspectionXX	utapsy	and that an thi	s basis, death In r	ny apiniar	fixed ob:	ject
res	ulted fram: Nat	rural causes .	wandent X Suici	ide		Indetermined mann			
		0.11	/		IEF MEDICAL EX	657			
ACTU	AL (I Worke						DATE SIGN	ED
		, , , , , , , , , , , , ,	M.		ANT MEDICAL EX				
	INER'S (Type)	Dugge 11 C	Etchem M l		ATE MEDICAL EX	AMINER		August 10	104
3A, SURIAL C		DATE 230	Fisher, M.	or CREMA	ORY 23D. L	OCATION (City,	, tawn, ar c	August 19	
EMOVAL (Spe	cify)								
Buri	al A	ug. 22, 1967	Cedar Hil			A Co. Md.			
4A. DATE REC	D BY HEALTH DE		OF REGISTRAR		FUNERAL DIRECTOR	meral Hem	A	DDRESS	21 22
	MUULA	المال الملاصل	E. Jakeu Ha	1 6		ral Home		atapsco	
			10	11	courty wane	TOT TOUR	~) ! -	Cochaco 1	- 40 .



BALTIMORE CITY HEALTH DEPARTMENT

The Call Harring 8-18-67 3-45 6 Saldringer Temour Ja John topking top tol M W never marked 4-24-30 37 Martha Septicernia 9000 Maple Camprism Concinent Brown Cancenoma you Mary 1. F-13-67 L9-E1-87-81-8 Philander B. Brince X 8-18-6" PB BRISCOE JR Tre Almo Hapterin Hagistel

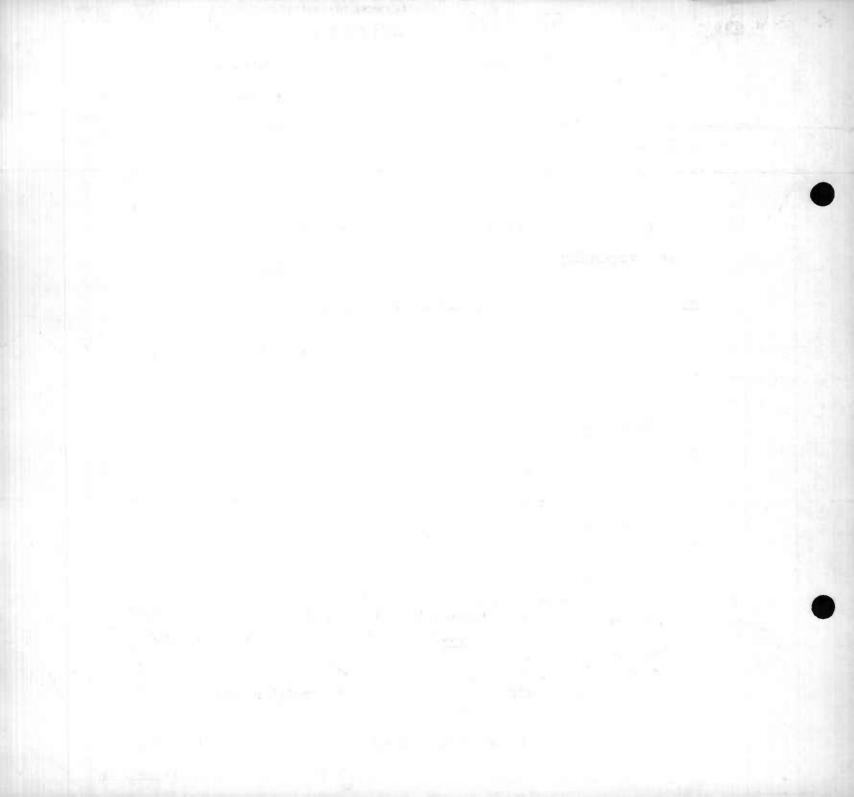
IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



3. PLA		MARY E		4. USUAL RESIL	B. COUNTY	067 lived If institution: residence
HO!	L NAME OF SPITAL OR TITUTION	(If not in hospital address or location	or institution, give street 1)		wn (If outside city lim	nits, write RURAL and give to
1	Gould"	s Convelas	arium		Garden aven	
5. SEX		RACE W	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (spec	July 22	1875 9, AGE (In lost birthdoy)	yeors If Under 1 Yr, Months Doys
done du		ATION (Give kind of work rking life, even if retired)	TOB, KIND OF BUSINESS OR INE	Mary 1		12. CITIZEN OF WHAT COU
13. FA	THER'S NAME			14. MOTHER'S		
15. Wa (Yes. no		dt Tabelin ver in U. S. Armed For If yes, give wor or dote		17. INFORMANT		ADDRE
No		, , , , , , , , , , , , , , , , , , ,	218-52-31		ly records	
18.	7 12	OR CONDITION DI		USE OF DEATH	^	ONSET
D	AN DISEASES OR se to the	ication which caused NTECEDENT CAUSES CONDITIONS, if abave cause (A) CONDITION last.	DUE any, giving	Corone	garle	y des
D ris U	AN PISEASES OR se to the INDERLYING	CONDITIONS, if abave cause (A)	any, giving slaling lhe (C)	Corone	yarle	y des
ATION	AN PISEASES OR se to the INDERLYING OTHER SIGNIFIC THE DEA PISEASE OR CO	CONDITIONS, if abave cause (A) CONDITION last. CONDITION last. CANT CONDITIONS CANT CONDITIONS CAUSING ON DITION CAUSING	any, giving slaling lhe (C) CONTRIBUTING ATED TO THE IT. IDITION FOR WHICH OPERATION	Coroneu To	Y? (Yes or No) 20B. IF YI	ES, WERE FINDINGS CONSIDERYING CAUSES OF DEATH?
AL CERTIFICATION	OTHER SIGNIFIC OTHE DEADISEASE OR CO	CONDITIONS, if abave cause (A) CONDITION last.	any, giving slaling lhe (C)	Y (e.g., in or obout 21C. W	IN CERTII	ES, WERE FINDINGS CONSIDERYING CAUSES OF DEATH?
DICAL CERTIFICATION 10 00 12 01 01 01 01 01 01 01 01 01 01 01 01 01	ONSEASES OR SEE TO THE DEADISEASE OR CONTRIBUTION OF CONTRIBUT	CONDITIONS, if abave cause (A) CONDITION last. CONDITION last. CANT CONDITIONS CATH BUT NOT RELAONDITION CAUSING OPERATION 198. CON WAS PER	any, giving slaling lhe (C) CONTRIBUTING ATED TO THE IT. IDITION FOR WHICH OPERATION FORMED 218. PLACE OF INJUR home, form, foctory, setc.,) (Hour) 21E. INJURY OCCURR While AI	Y (e.g., in or obout 21C. W treet, office bldg.,	IN CERTII	FYING CAUSES OF DEATH?
MEDICAL CERTIFICATION MEDICAL CERTIFICATION	DISEASES OR SEE TO THE RESIDENT OF THE DEADISEASE OR CO. A. DATE OF CONTRIBUTION EATH (notify more properties). I certify the proximal properties of the proximal properties of the proximal pro	CONDITIONS, if abave cause (A) CONDITION last.	any, giving slaling lhe (C) CONTRIBUTING ATED TO THE IT. IDITION FOR WHICH OPERATION FORMED 218. PLACE OF INJURY OCCURR While At North Mork Work North More At North	Y (e.g., in or obout 21C. Windle In Work	HERE DID OCCUR?	FYING CAUSES OF DEATH?
MEDICAL CERTIFICATION AREDICAL CERTIFICATION (a) (b) (c) (c) (d) (d) (d)	DISEASES OR SE TO THE DEADISEASE OR CO. A. DATE OF G. A. ACCIDENT R. CONTRIBUTISEATH (notify m. Contributy m. Co	CONDITIONS, if abave cause (A) CONDITION asl. CONDITION lasl. CANT CONDITIONS CATH BUT NOT RELA ONDITION CAUSING OPERATION 198. CON WAS PER CAUSE OF INCOMPANIES (CAUSE OF INCOMPANIES) (CAUSE OF INCOMPANIE	any, giving slaling lhe (C) CONTRIBUTING ATED TO THE IT. IDITION FOR WHICH OPERATION FORMED 218. PLACE OF INJURY OCCURR While At North Mork Work North More At North	Y (e.g., in or obout 21C. Whiteet, office bldg., INJUR ED 21F. Hot White 1. Work 19	HERE DID (III) OCCUR? OW DID INJURY OCCU A ond that in (my)	FYING CAUSES OF DEATH? in Boltimore City, give exact I
MEDICAL CERTIFICATION MEDICAL CERTIFICATION 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	DANDERLYING OTHER SIGNIFIC OTHE DEA OTHER CONTRIBUTION EATH (notify many APPROX.) 2. I certify the other (I) (we) Id ond haur and (I) OTHER DEA	CONDITIONS, if abave cause (A) CONDITION Isl. CONDITION Isl. CANT CONDITIONS CATH BUT NOT RELAONDITION CAUSE OF medical examiner) Month) (Doy) (Year) CANT CONDITIONS CAUSE OF medical examiner)	any, giving slaling lhe (C) CONTRIBUTING ATED TO THE IT. IDITION FOR WHICH OPERATION FORMED 218. PLACE OF INJUR home, form, foctory, setc.,) (Hour) 21E. INJURY OCCURR While At Work While At A	ED 21F. Ho of While 1 19 19 19 19 19 19 19 19 19 19 19 19 1	HERE DID (III) OCCUR? OW DID INJURY OCCU A ond that in (my)	FYING CAUSES OF DEATH? in Boltimore City, give exact I
MEDICAL DI 19 00 00 00 00 00 00 00 00 00 00 00 00 00	DISEASES OR SEE TO THE DEADISEASE OR CO. A. DATE OF G. A. ACCIDENT R. CONTRIBUTION F. INJURY APPROX.) 2. I certify the contribution of (I) (we) Idea (I)	CONDITIONS, if abave cause (A) CONDITION last. CONDITION last. CANT CONDITIONS CATH BUT NOT RELATED NOT CAUSING OPERATION 198. CON WAS PER WAS UNDERLYING LAUSE OF nedicol exominer) Month) (Doy) (Year) Month) (Doy) (Year) That (I) (this hospital ast saw the decease from the causes stated in the cause	any, giving slaling lhe (C) CONTRIBUTING ATED TO THE IT. IDITION FOR WHICH OPERATION FORMED 21B. PLACE OF INJURY OCCURR While At North Address of the deceased from the dalive an steel above. (I) (We) (did) (did) M.	Y(e.g., in or obout 21C. Whiteet, office bldg., INJUR 21F. Hotor While In Work 19 19 19 19 19 19 19 19 10 Attending Phys. 23D. ADDRESS M.D.	HERE DID OCCUR? OW DID INJURY OCCU and that in (my) fter death. Aed. Stoff Phys. Area Area Area Area Area Area Area Area	FYING CAUSES OF DEATH? in Boltimore City, give exact I R? a
D D D D D D D D D D D D D D D D D D D	DANDERLYING OTHER SIGNIFIC OTHE DEA OTHER CONTRIBUTION EATH (notify many APPROX.) 2. I certify the other (I) (we) Id ond haur and (I) OTHER DEA	CONDITIONS, if abave cause (A) CONDITION and the cause (A) CONDITION I and the condition of the cause of the	any, giving slaling the (C). CONTRIBUTING ATED TO THE IT. IDITION FOR WHICH OPERATION FORMED 218. PLACE OF INJUR home, form, foctory, setc., of the work of the deceased from the deceased fro	Y(e.g., in or obout 21C. Whiteet, office bldg., NJUR ED 21F. Ho of While 1 not) view the bady of th	HERE DID OCCUR? OW DID INJURY OCCU and that in (my) fter death.	FYING CAUSES OF DEATH? in Boltimore City, give exact I R? a

BALTIMORE CITY HEALTH DEPARTMENT

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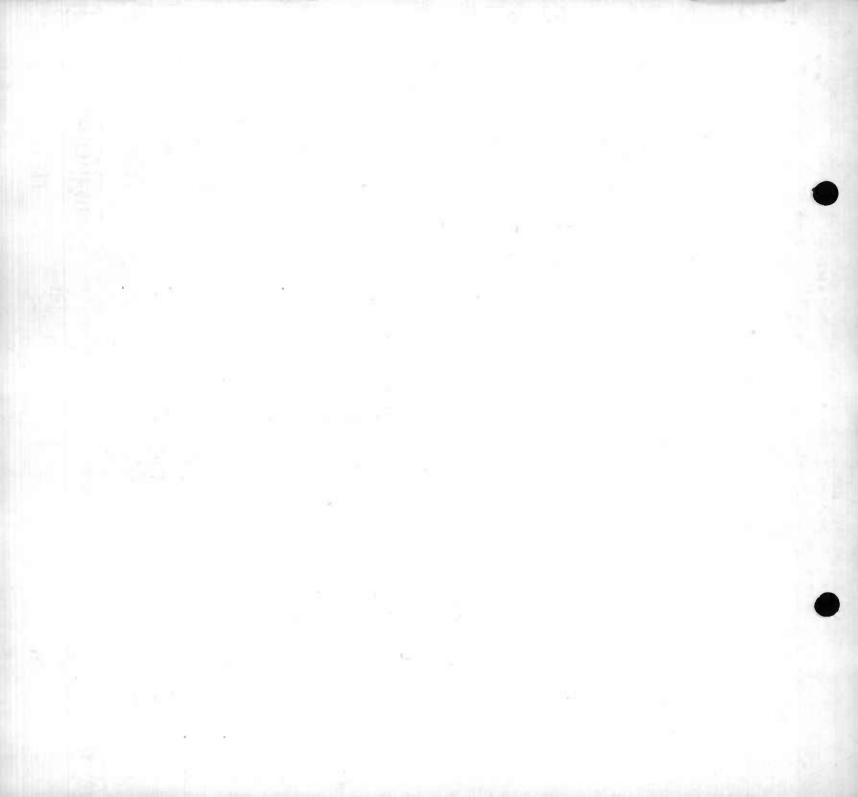
VS 150-REV. 1/1/65

Funeral Home: Inc.

BALTIMORE CITY HEALTH DEPARTMENT

CAND FORM SAMPLY S SWA ALTERNATE W. V. Co Mis u.S. The transfer of the second of 10 2 3 A 0.0 X MARIEND GENERAL HELL COUNT REPARTED

	67 8074 BALTIMORE CIT	Y HEALTH DEPARTMENT		000 0000
	CERTIFICA	ATE OF DEATH	Registered No	67 8074
1. N	AME OF DECEASED The of Print	2. DATE AN	D HOUR OF DEATH	10.400
	LACE OF DEATH IN BALTIMORE MARYLAND	4. USUAL RESIDENCE (When	19/67	12:40 P.M.
	TACE OF STATE IN SACTIONORS, MARIEARD	A. STATE B. COUN	TY	nution: residence before earnissien/
H	ULL NAME OF (If net in hespital or institution, give street doSPITAL OR eddress or location) NSTITUTION	C. CITY OR TOWN (If our	side city limits, write RU	IRAL end give texenship
		BALTIM	DISE	21-09
7	PANKLIN SO HOSP		lunare Ar	re la
	EX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
	male white widowed (specify)	7/8/1891	lest birthdey!	Menths Deys Hours Min.
	. USUAL OCCUPATION (Give kind of work) 10 B, KIND OF BUSINESS OR INDUSTR b during mest of working life, even if refired)	115	gn country)	12. CITIZEN OF WHAT, COUNTRY?
	inancial Secretary Hod Carrier's Union	14. MOTHER'S MAIDEN NA		U.SIA.
3. 1	RICHARD LEWIS		ARET 1	HAII
	Nos Deceased Ever in U. S. Armed Forces? 16. SOCIAL			ADDRESS
	no erunknewn) (If yes, give wer er detes of service) SECURITY NO.	A HO	an Hopkins	CORDS FSH
_		OF DEATH	,	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	MHONARY	FOINH.	-12 day
	(this does not mean the mode of dying, e.g., DUE TO		cper-in-	1
	heorl foilure, asthenio, etc. It means the disease, injury or camplication which caused death.)	EN, ARTER	105CLER	280
	DUE TO			
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoling the	EPEBRO-VI	arcus Af	1 Acc.
	UNDERLYING CONDITION IOSI,	Vana emain	Ouch Pue	8 411 4
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DESTRUCTIONS	DATION	ali iti	
	DISEASE OR CONDITION CAUSING IT. 19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTORSY? (Yes or No	20B. IF YES, WERE FIF	NDINGS CONSIDERED
CERTIFIC	WAS PERFORMED	No	IN CERTIFYING CAUS	SES OF DEATH?
	OR CONTRIBUTING CAUSE OF home, form, foctory, street,	in or about 21 C. WHERE DID effice bldg., INJURY OCCUR?	(If in Boltimere	City, give exact location)
	DEATH (netify medical examiner) etc.)			
MEDI	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED OF INJURY While AI [] Not Wh	21 F. HOW DID INJ	URY OCCUR?	
	(APPROX) Werk At Work	0 16	67 9	110
	22. I certify that (I) (this hospital) attended the deceased from		19 6 7 to 8	on death occurred on the date
	ond haur and from the causes stated above. (1) (We) (did) (did not)		o(, (ooi, opini	on asom occurred on the dote
	23A. SIGNATURE			23B. DATE SIGNED
	Accourable Completion of the	ys. Med. Director	Stoff Phys.	8/1967
	23C.PHYSICIANS NAME (Type)	23D. ADDRESS	111100	Hore D,
4.4	BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY of C	11-11-1	OCATION (City,	town, er county) (State)
	Burial 8/23/67 Oak Lawn Cemet		alto., Md.	, lowing or country) (Stote)
25A	DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
	AUG 23 1967 1 P. B. St & Farley M.	Schimunek Fur	eral Home	
15	150-REV. 1/1/65	1920	11-3	

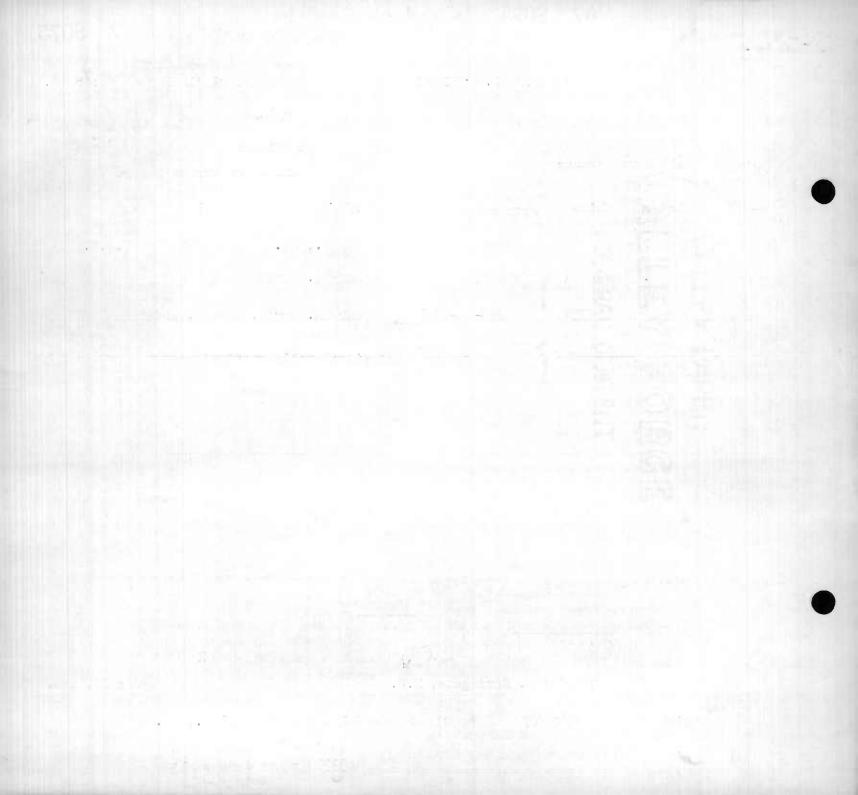


VS 151-REV. 1/1/65

5-263

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 7 8075

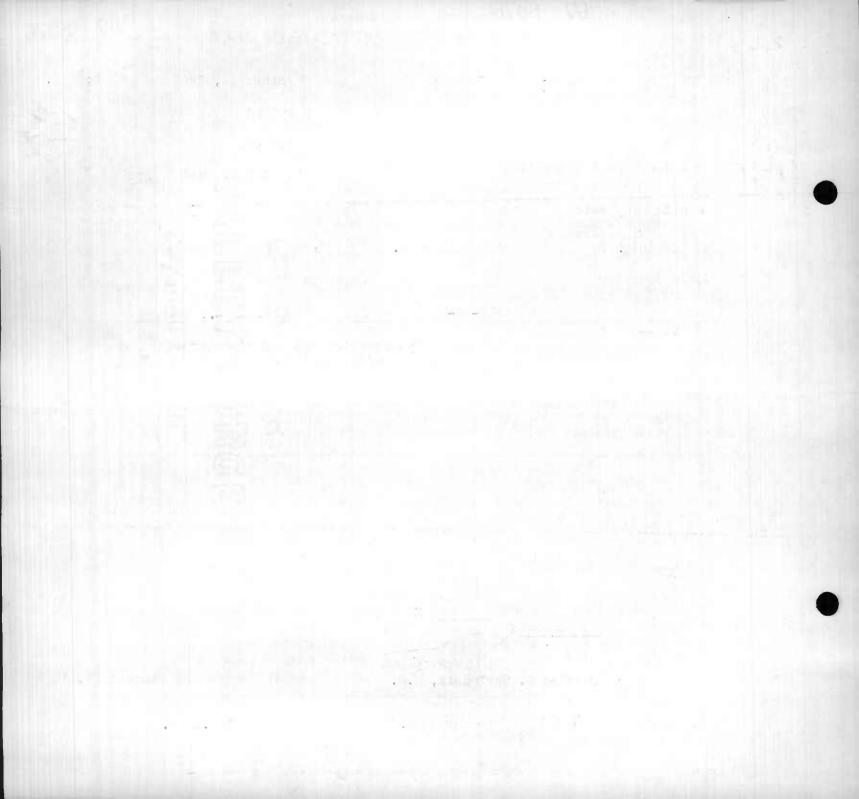
M.E. CASE NO.							
1. NAME OF DE (Type or Print)		ADIEC I CHICEDE			HOUR PRONOUNCE		
2 BLACE IN BAL		ARLES J. SWIGERT	We mental again		t 21, 1967	8:25	M.
S. PLACE IN BAL	IIMOKE, MARTLAND,	WHERE PRONOUNCED DEAD			eceosed lived, If insti B. COU	INTY	ne odmission)
FULL NAME OF	(IF NOT IN HOSP	TITAL OR INSTITUTION, GIVE STREET		Maryland WN (If outside	corporate limits, write	RURAL and give to	wnship)
INSTITUTION				Baltimor	Δ	2	6-00
4621 K	avon Avenue			RESS (If rurol, g			
4021 1	avon nvenue			4621 Kav	on Avenue	#6	
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED	8. DATE OF BIRT	Н	9. AGE (In years	If Under 1 Yr. If U	Jnder 24 Hrs.
Male	White	seperated	7/5/26		41	Ividnins Days H	dors tatiu.
IOA, USUAL OCC	UPATION (Give kind of w	OR INDUST		(State or foreign	country)	12. CITIZEN OF	
	working life, even if retired		Palta	Ma		WHAT COUNT	RY?
Wiremak 13. FATHER'S NAM		Armco	Balto.	AAIDEN NAME		U.S.A.	
Paul F	E / C.	+ C-+ l)					
Paul E.	D EVER IN U.S. ARM	tepfather)	Mary A.	. Emmel		ADDRESS	
Yes, no or unknown	of (If yes, give wor or d	otes of service) SECURITY NO.					
yes	WWII	220-12-5727	Mary A.	Emmel.	mother, ab	ove	
1B. /-	010	CAUS	E OF DEATH				L BETWEEN
DISEA	SE OR CONDITION	DIRECTLY		1		ONSE! A	NO DEATH
	LEADING TO DEA	TH Ar	terioscler	cotic hea	rt disease		
heort foilure	nat meon the mode , asthenia, etc. It med	of dying, e.g., DUE TO					
Injury or co	mplication which cause	d deoin.)					
	ANTECEDENT CAU	SES (B)					
	OR CONDITIONS, IF IE ABOVE CAUSE (A)	ANY, GIVING DUE TO					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
UNDERLYI	NG CONDITION LAS	Т.					
ŏ		(C)					
OTHER SIGNOTHE DISEASE OF TO THE DISEASE OF THE DIS	II NIFICANT CONDITION	IC CONTRIBUTING					
O THE	DEATH BUT NOT	RELATED TO THE					
DISEASE O	R CONDITION CAUSI	NG IT.	LOGA AUTORO	V2 (V N-) 2	OB. IF YES, WERE FIL	LONG CONCER	
5 17A. DATE OF		ERFORMED	Yes	2.1	N CERTIFYING CAUS		U
21A EXTERNA	L CAUSE WAS	21B. PLACE OF INJURY (e.g.,			in Boltimore City of	us avant location)	
UNDERLYING	OR CONTRIB-	home, form, factory, street,	office bldg., INJUR	Y OCCUR?	in summare City, gr	Ae exact lacalians	
E 21 D TIME	(Month) (Day) (Y	eor) (Haur) 21E. INJURY OCCURRED	21 F. H	OW DID INJUR	Y OCCUR?		
(APPROX.)		m. WHILE AT NOT	WHILE				
22. 1 cer	tify that I held on	Inquiry Inspection A	utopsy X on	d that on this	bosis, deoth in m	ny opinion	
rasu	Ited from: Natural	couses X Accident Suici	de Homic	ide Ur	determined monne	er 🗌	
		1 1 1 -	CHIEF	EDICAL EXA	MINER		
ACTUA		es. Louis	ACCICTANT N			DATE	SIGNED
SIGNAT		M.I	ASSOCIATE N				
NAME ((1/2 0 20)	es S. Springate, M.D.	ASSOCIATE	MEDICAL EX	AMINEK _	August 21,	1967
23A. BURIAL CRE		23C. NAME OF CEMETERY	or CREMATORY	23 D. LO	CATION (City,	town, or county)	(State)
Burial	8/2	5/67 Moreland Me	morial Cen	neterv	Balto., Md		
	BY HEALTH DEPT.	248 NAME OF REGISTRAR		AL DIRECTOR		ADDRESS	
	AUG 23 19		0 1 4		neral Home		

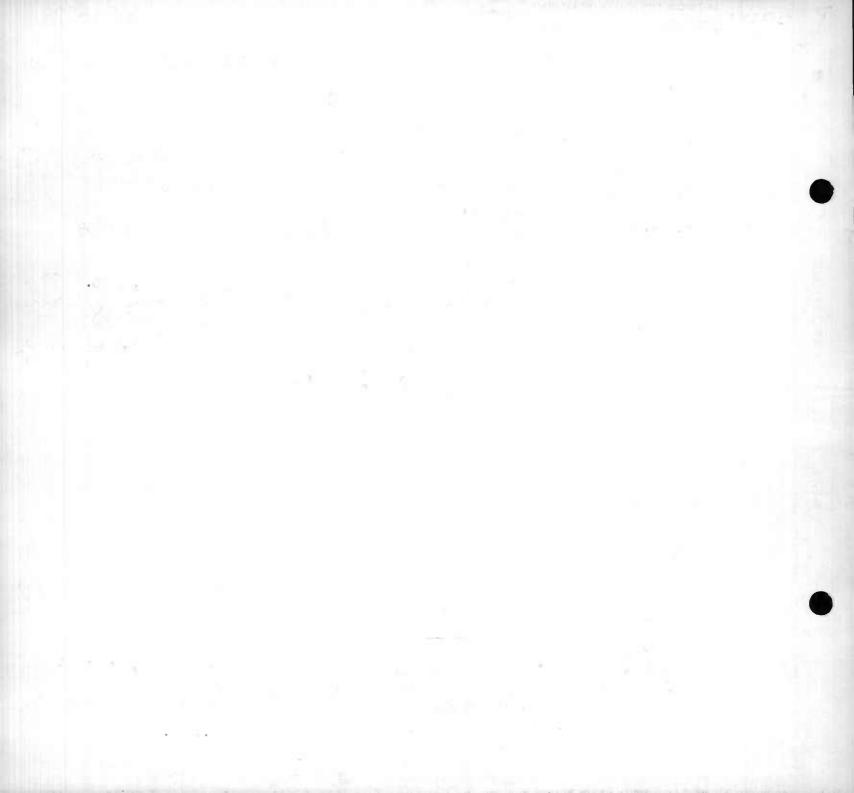


D- 263 BIRTH NO.

67. 8076 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 8076

M.E. CASE NO.	
T. NAME OF DECEASED (Type of Print) MARTANNINA (MARY) DIGUARDO	August 20, 1967 8:35 P.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
Union Managinal Hamital (Di	DA) D. STREET ADDRESS (If rurol, give locotion)
Union Memorial Hospital (De	3717 Belair Road #13
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Widowed	8. DATE OF BIRTH 9. AGE IIn yeors If Under 1 Yr. If Under 24 His. Months Doys Hours Min.
IDA. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
done during most of working life, even if retired)	Polina, Italy
Pants Finisher Green Tailor Co	14. MOTHER'S MAIDEN NAME
Carlo Sabatino	Josephine ?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SO CIAL	17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	Ida Bacchetta, dght., above
	AUSE OF DEATH INTERVAL BETWEEN
DISEASE OF CONDITION DIRECTLY HY	pertensive and arteriosclerotic ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	cardiovascular disease
(This does not mean the mode of dying, e.g., heart foilure, asthenia, etc., It means the disease, injury or complication which coused death.)	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE	
UNDERLYING CONDITION LAST.	
Z (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	
194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
ZIA. EXTERNAL CAUSE WAS 218, PLACE OF INJURY	(e.g., in or about 21C, WHERE DID (If in Boltimore City, give exact location)
UTING CAUSE OF DEATH.	reel, office bldg., INJURY OCCUR?
21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCU	
(APPROX.) WHILE AT WORK	NOT WHILE
22. I certify that I held an Inquiry Inspection X	Autapsy and that an this basis, death in my apinian
resulted from: Natural causes X Accident S	vicide Hamicide Undetermined manner
	CHIEF MEDICAL EXAMINER
SIGNATURE (lighte)	M.D. ASSISTANT MEDICAL EXAMINER X
EXAMINER'S Charles S. Springate, M.	1067
23A. BURIAL CREMATION, 23B. DATE 23C. NAME OF CEME	TERY or CREMATORY 23D. LOCATION City, town, or county) (Stote)
ntombment 8/24/67 Lorraine Parl	Mausoleum Balto., Md.
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR AUG 23 1967	24C. FUNERAL DIRECTOR ADDRESS Schimunek Funeral Home
3 6 / 6	3331 Brehms Lane #13
VS 151-REV. 1/1/65	V





NRTH NO.		67	807	Q	TE OF DEATH	Registered Na.	67 8079
NAME C	NO.	ED			DATE A	AND HOUR OF DEATH	
Type or Pri	on John	Milton Ren	lein.	Also known as Milton John	And	gust 19, 1967	9:30 p
PLACE		IN BALTIMORE, MA		TILL COIL O OILL	4. USUAL RESIDENCE (WI	ere deceased lived. If in	stitution: residence before odmission
			1 - 1 - 1		A. STATE B. COU	INTY	
HOSPITA		(If not in hospital oddress or location		give street	Maryland	utside city limits, write	RURAL and give township)
INSTITU	TION				Baltimore	orande city minis, wife	NORAL UIII give lumpi
0	301	7 E. Federa	al Stree	et		f rurol, give location)	0 00
	-	timore, Mar		21213	3017 E. Feder	ral Street	#13
. SEX		ACE	7. MARRIED,	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
male	741	hite	Marri	o, DIVORCED (specify)	2/7/08	lost birthdoys 59 yrs.	Months Doys Hours Min.
					11. BIRTHPLACE (State or for		12. CITIZEN OF
lone during	most of worki	ing tite, even il retired)					WHAT COUNTRY?
	Cashi	er	wester	n Union	Baltimore, Man		U.S.A.
3. FATHER					14. MOTHER'S MAIDEN N	AME	
	3	Remle	ein		Edna Showalter	3	
5. Wos De	eceosed Eve	r in U. S. Armed For	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ame Address	ADDRESS
		,, give wor or dote					Dannia)
no la	1 10 10	1.	2.	6-09-2074 CAUSE O		Remlein (nee	Roggio) Wife,
9	DISEASE C	OR CONDITION DIR	ECTI V	CAUSE O	DEATH		ONSET AND DEATH
		DING TO DEATH	ECILI	60	Lougan atom	- Husberlan	a que hay
		meon the mode of		DUE TO	- 0.0	a xea	3 years 45 years good 14.
		ienia, elc. Il means atian which caused		5	elusia.	cy conscer,	7-0-02
,,		ECEDENT CAUSES		(B) R	henmake K	eart	45 years
OTHER TO T	RLYING C	bave couse (A) ONDITION Iosi. II ANT CONDITIONS C H BUT NOT RELA NOTION CAUSING I	ONTRIBUTING TED TO TH	G	20A. AUTOPSY? (Yes or h		
DI 19A.D	ATE OF OT	WAS PER		WHICH OFERATION	ZON. AUTOFST: Tres of T	IN CERTIFYING CA	USES OF DEATH?
OR CO	NTRIBUTIN	VAS UNDERLYING COLOR CAUSE OF	21 B. hom etc.	e, form, foctory, street, of	or obout 21 C. WHERE DID fice bidg., INJURY OCCUR?	(If in Boltimore	e City, give exact location)
21 D. TI	ME (M	onth) (Doy) (Year)	(Hour) 21E.	INJURY OCCURRED	21F. HOW DID IN	IJURY OCCUR?	
OF INJ	URY		Whi	ile At Not White			
APPRO	/ / / /		Wo				
22. I d	ertify tha	t (I) (t his hospital	attended t	he deceased fram	1-30-	1963 to	7-18- 1967
that (I	l) (we) las	t saw the decease	d alive an	7-18-	19.6.7 and t	hat in (my) (🗪) api	nian death accurred an the do
and he	our and fro	ım the causes stat	ed abave. (I) (We) (did) (did not) v	iew the bady after death		
	GNATURE			7, 17, (111)	_		23B, DATE SIGNED
		vel be. A		Phy		Stoff Phys.	8-21-1967
23C.PH N/	AME (Type)	Dr. Paul H	. Anniko		3800 Erdman	Avenue	
4A. BURIA	L CREMAT	ION, 248. DATE	24C. N/	AME of CEMETERY OF CRE			ty, town, or county) (State)
T .	OVAL (Speci	8/22/	67 II.	alar Rodannas O	omo t over	Pol to Ma	
Buri		HEALTH DEPT.		oly Redeemer C		Balto., Md.	ADDRESS
JA. DAIL	KEC D BT	HEALIN DEFT.	ZJB. NAME C	F REGISTRAK	25C. FUNERAL DIRECTO		ADDRESS
			A	C FABLUME	Schimunek Fr	ineral Home	-



2. DATE AND HOUR OF DEATH USUAL RESIDENCE THE DECEMBED nstitution: residence B. COUNTY (If outside city limits, write RURAL and give township) (If rurol, give location) St. 1400 Johns 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours Min, Hours lost birthdoy 12. CITIZEN OF 11. BIRTHPLACE (Stote or foreign country WHAT COUNTRY? 14. MOTHER'S MAIDEN NAME ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 218. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID (If in Boltimore City, give exact location) home, form, foctory, street, office bfdg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? ...and that in (my) (aur) apinian death accurred an the date and hour and from the causes stated above. (1) (We) (did) (did not) view the body after deoth. 23B, DATE SIGNED 3

BALTIMORE CITY HEALTH DEPARTMENT Registered Na.

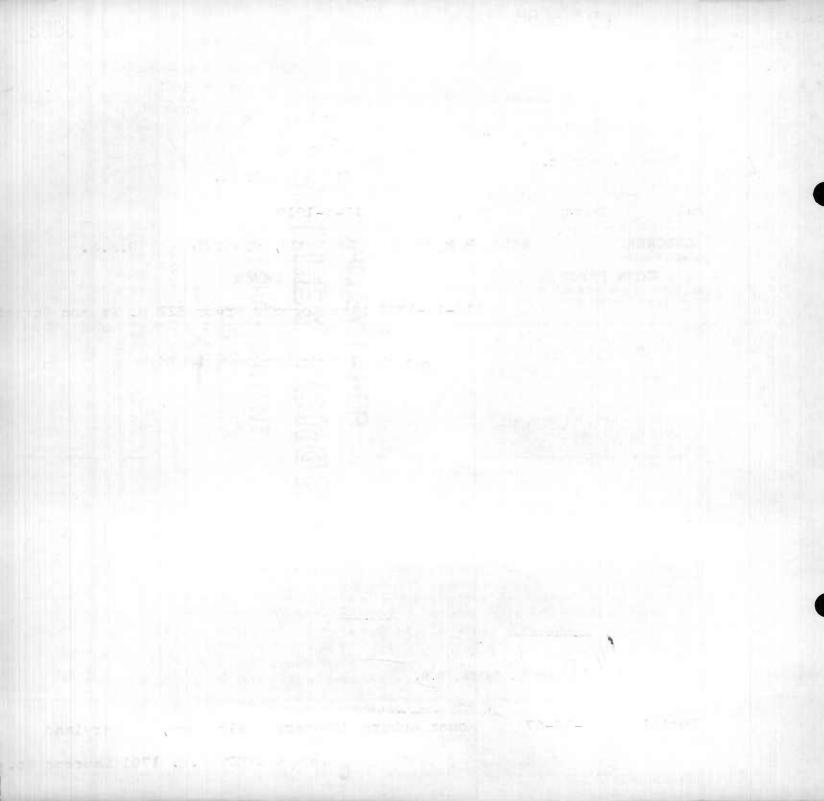


MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.67 8081

M.E. CASE NO. 1. NAME OF DEC	CEASED			IZ.	DATE AND HOUR PRONOU	NCED DEAD
		E OR AN	FNDED	Maryl c. city or town	an d	1967 4:30 p.M. institution: residence before odmission) ountry write CURAL ond street ownship
663 Vin	e Street			D. STREET ADDRESS	e Street	
5. SEX	6. RACE		NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In year lost birthdoy)	Months, Doys Hours Min.
	Colored UPATION (Give kind of wor working life, even if retired)	10B. KIND OF	BUSINESS OR INDUSTRY	Pick Co,	North Carol	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAA		CONTROL OF		14. MOTHER'S MAID	ROSE	
	SAMUEL OF EVER IN U.S. ARMED	FORCES?	16. SOCIAL SECURITY NO. 239-28-2565	17. INFORMANT Mrs. Lil		ADDRESS 1500 Presster Ct
DISEASES RISE TO TH	LEADING TO DEATH not meon the mode of , osthenio, etc. If meons mplication which coused ANTECEDENT CAUSE OR CONDITIONS, IF A E ABOVE CAUSE (A) S NG CONDITION LAST.	dying e.g., the disease, death.)	(A) DUE TO (B) DUE TO (C)	itatus-ep±±6	:psy	
O THE	II NIFICANT CONDITIONS DEATH BUT NOT RE R CONDITION CAUSING	LATED TO T				
19A. DATE OF	OPERATION 198, CON		WHICH OPERATION	20A. AUTOPSY? (Y.	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH? YES
UTING CAU	L CAUSE WAS OR CONTRIB- ISE OF DEATH.	21 B. home etc.)	PLACE OF INJURY (e.g., , form, foctory, street, c	in or obout 21C. WHE	RE DID (If in Boltimore City.	, give exact location)
21D TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeo	v	VHILE AT NOT AT W	WHILE	DID INJURY OCCUR?	Mary Mary Co.
ACTUA SIGNAT	URE		ccident Suicld	Homicide CHIEF MED	CAL EXAMINER XX	
EXAMIN NAME (Type) Russe:		sher, M.D.		23D. LOCATION (C	August 20, 1967
REMOVAL (Specif	y)		Mount Calv		A.A. CO.	
	BY HEALTH DEPT. AUG 23 1967	248, NAME	OF REGISTRAR	24C. FUNERAL	DIRECTOR	ADDRESS 1701 Laurens St
VS 151-REV. 1/1/	['] 65	9	6-7-8-1	8 1	t t	

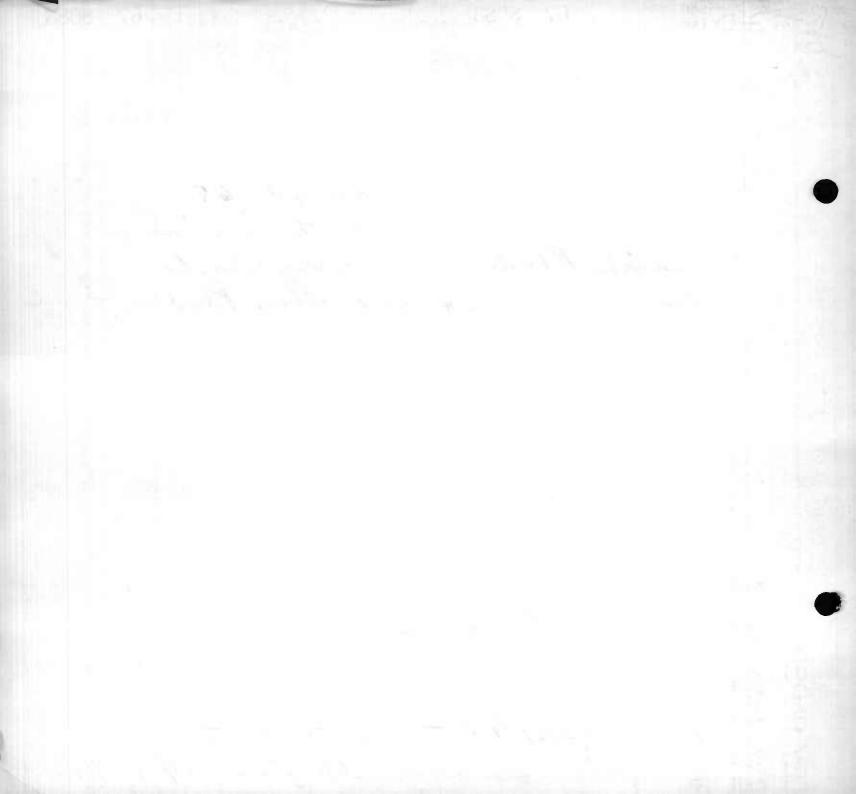
67 8082 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 8082

M.E. CASE NO.				
1. NAME OF DECEASED (Type or Print)			D HOUR PRONOUNCE	
JOHN	PRYOR		ıst 22, 1967	
3. PLACE IN BALTIMORE, MARYLAND, V FULL NAME OF (IF NOT IN HOSPI HOSPITAL OR ADDRESS OR LOC NSTITUTION	TAL OR INSTITUTION, GIVE STREET	A. STATE Maryland C. CITY OR TOWN (If outside Baltimore	8. COU	
726 Reservoir St		D. STREET ADDRESS (If rotol, 726 Reservoir		
5. SEX 6. RACE Negro	WIDOWED, DIVORCED (specify) SEP.	B. DATE OF BIRTH 11-5-1910	9. AGE (In years last birthday) 56	If Under 1 Yr, If Under 24 Hrs, Manths, Days Hours Min.
taborer	BETHLEHAN_STEEL	PROSPECT, V	IRGINIA	12. CITIZEN OF WHAT COUNTRY? U.S.A.
JOHN PRYOR		ADA PRY		
5. WAS DECEASED EVER IN U.S. ARME Yes, no or unknown Ulf yes, give war or do		Miss Dorothy	Pryor 522	N. Payson Stre
18. Lef 10 10 1.	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
(This does not mean the mode of heart foilure, asthenia, etc. It means injury or complication which caused ANTECEDENT: CAUS DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITION: TO THE DEATH BUT NOT R DISEASE OR CONDITION CAUSIN 19A, DATE OF OPERATION 19B, CO	s the disease, l deoth.) ES ANY, GIVING DUE TO STATING THE (C)			
WASPE	NDITION FOR WHICH OPERATION REFORMED	Yes	IN CERTIFYING CAUS	SES OF DEATH? Yes
21A, EXTERNAL CAUSE WAS O UNDERLYING □ OR CONTRIB- UTING □ CAUSE OF DEATH. 21D TIME (Month) (Day) (Ye	home, farm, factory, street, a	in or about 21C, WHERE DID ffice bidg., INJURY OCCUR?		re exact location)
OF INJURY (APPROX.)	oi) (Hour) 21E INJURY OCCURRED while AT NOT WORK AT W		ori occor:	
actual Signature Examiner's Wern NAME (Type)	ouses X Accident Suicide		AMINER X	
23A. BURIAL CREMATION, 23B. DATE REMOVAL (Specify) Burial 24A. DATE REC'D BY HEALTH DEPT.	24B, NAME OF REGISTRAR		Baltimore,	Maryland ADDRESS
AUG 2 3 1967	Robert, E. Farleyna	MORTON & D	ZETT F.H.	1701 Laurens St



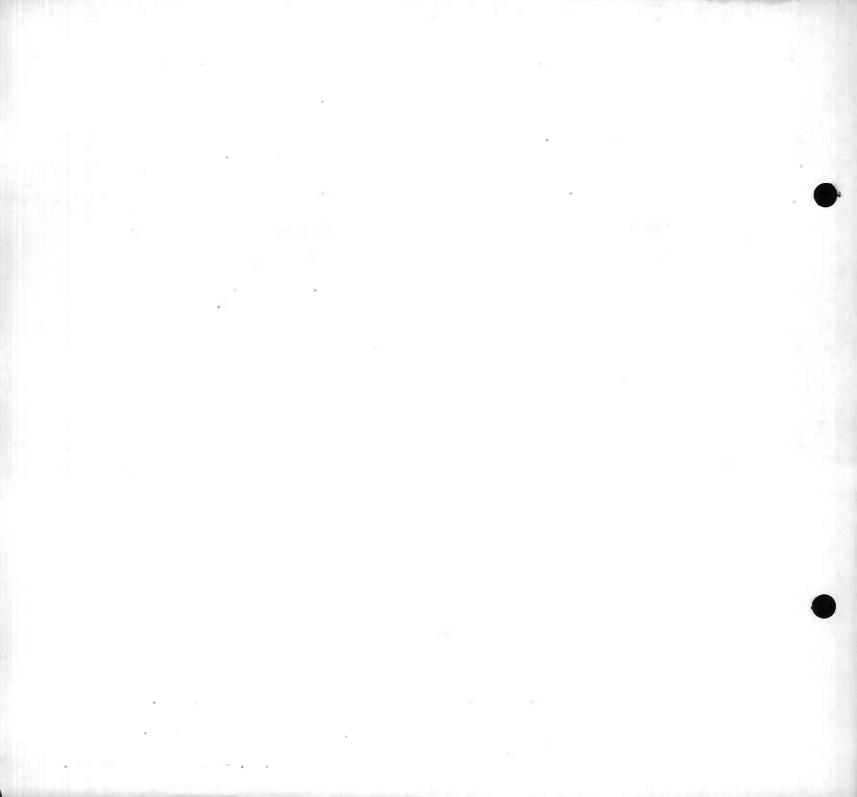
FUNERAL DIRECTOR: IMPORTANT

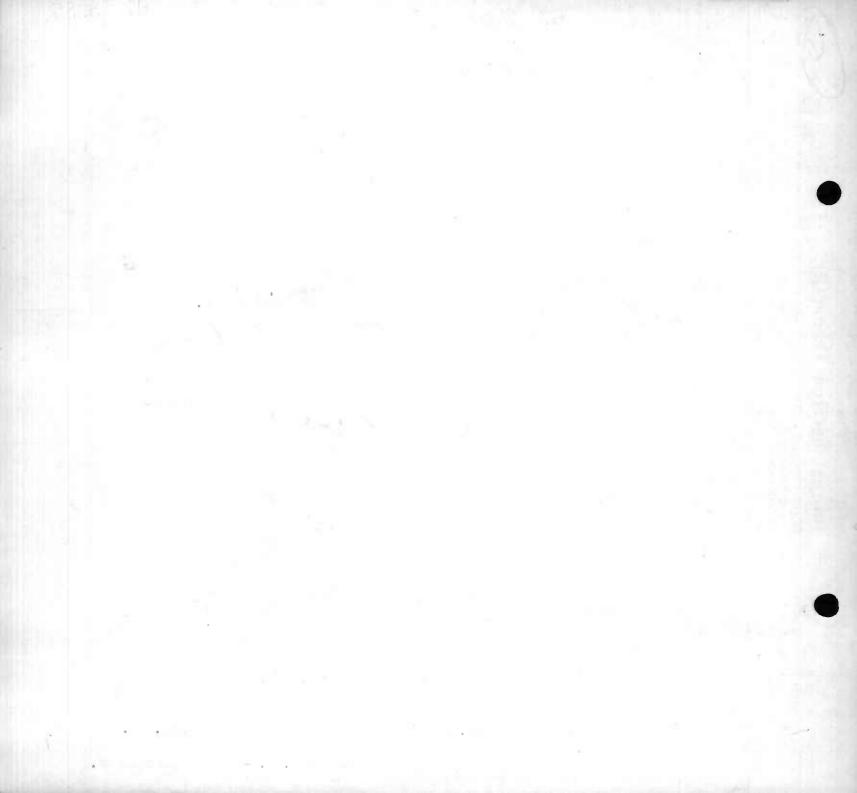
67 8083 BALTIMORE CITY HEALTH DEPARTMENT	0000
CERTIFICATE OF DEATH Registered No.	01.0000
N.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH	2 -
(Type or Print) RHODES, PLUMMER 8-17-1967	19 30/AM
3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution A, STATE B, COUNTY	residence before admission)
FULL NAME OF (If not in hospital or institution, give street Maryland	
HOSPITAL OR oddress or location) INSTITUTION (If outside city limits, write UPAL	ond give fown thip)
haltimore)	- 04
Lutheran Hospital of Mary land D. STREET ADDRESS (If rurol, give location)	1
2121 Walbrook Ave	
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Unit of the state of the stat	nder 1 Yr. If Under 24 Hrs. hs: Days Hours Min.
M C M June 21,1900 67	
10A. USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country. 12. C	CITIZEN OF VHAT COUNTRY?
whired Marth Carolina	II S.A.
13. FATHER'S NAME	
Joseph Rhades Strong Conf.	
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT	ADDRESS
(Yes, no or unknown) (If yes, give wor or doles of service) SECURITY NO.	Agust
18. CAUSE OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH	- 13 Jan
(This does not mean the mode of dying, e.g., DUE TO	1.)
heal failure, asthenia, etc. It means the disease, injury or complication which caused death.)	V
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, if ony, giving	
rise to the obove couse (A) stating the (C) UNDERLYING CONDITION lost,	фи ф и и и доп фи ф и и и и и и и и и о о о о о о о о
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	GS CONSIDERED
NO NO	
21 A. ACCIDENT WAS UNDERLYING 21 A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?	give exact location)
DEATH (notify medical examiner)	
21D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
While At Work (APPROX.) While At Work	
22, I certify that (I) (this hospital) attended the deceased from X - 10 - 19 67 ta 8 -	17- 1967
that (1) (we) lost saw the deceased alive on 8 - 17 - 19 67 and that in (my) (our) opinion d	eath accurred on the date
ond hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.	
	PATE SIGNED
A A Al Carlo M.D. Attending Med. Stoff S	
	17 1917
23C. PHYSICIAN'S 23D. ADDRESS	17-1967
23C. PHYSICIAN'S NAME (Type)	17-1967
23C. PHYSICIAN J NAME (Type) NGUYEN THI OANH M.D. Luther an Hospital of	17-1967 Maryland
23C. PHYSICIAN J NAME (Type) NGUYEN THI OANH M.D. Luther an Hospital of	17-1967 Maryland.
23C. PHYSICIAN PARE (Type) NAME (Type) PARE (Type) NAME (Type) NAM	Maryland. "Maryland. "Or county My.
23C. PHYSICIAN 9 NAME (Type) NGUYEN THI OANH M.D. Luther an Hospital of 124A. BURIAL CREMATION, 124B. DATE (24C, NAME OF CEMETERY OF CREMATORY). 124D. LOCATION (City, 10 m)	Maryland. Maryland. ADDRESS



11)	P -	-1.6
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such witten approval must be obtained before the remains are embalmed or final disposition is made.
FUNERAL	This certificate must be approved by the chief med the body was released to the hospital by a medi	shows: (1) An accident of any nature; (2) Body burn was D.O.A. at a hospital (except where the physi	deceased prior to death); and (6) No physician w written approval must be obtained before the rem

	AME OF DECE			4 CERTIFICA	2. DATE A	ND HOUR OF DEATH	
Тур	e or Print)	George J	. Paulus	3	Au	gust 20, 19	67 1 7:30 F
F	ULL NAME OF	(If not in hospital oddress or tocotion) Edsdale Rd.	or institution, g	ive street	Md. C. CITY OR TOWN (If o. Baltimore D. STREET ADDRESS (III	NTY utside city limits, write	RURAL and give township)
S. SI	EX	6. RACE		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In veors	If Under 1 Yr. , If Under 24.
	M	Cauc.	Marri	DIVORCED (specity)	Oct. 27/04	lost birthdoyl	Months Doys Hours Min
					11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF
done	Retire	vorking lite, even if retired)			Mar yland		USA
13. F	ATHER'S NAM	VA.			14. MOTHER'S MAIDEN NA	ME	00.1
	Joh	n Paulus			Theresa Car	cl	
		Ever in U. S. Armed Ford (If yes, give wor or dote:		16. SOCIAL SECURITY NO.	17. INFORMANT George		ADDRESS
	18. 20	/ X		CAUSE O	· · · · · · · · · · · · · · · · · · ·		INTERVAL BETWEEN ONSET AND DEATH
		OR CONDITION DIR	RECTLY		1.1.		
		LEADING TO DEATH		(A) HOZ	dykius Dise	ase	3 years.
	DISEASES O	NTECEDENT CAUSES R CONDITIONS, if above cause (A)	any, giving	(B)			
	DISEASES O	NTECEDENT CAUSES R CONDITIONS, if above cause (A) CONDITION last. II FIGANT CONDITIONS CATH BUT NOT RELA	any, giving slaling lhe ONTRIBUTING	(C)			
ATION	DISEASES OF THE DISEASE OF TO THE DESIGNATION OF THE DESIGNATION OF THE DESIGNATION OF THE DISEASE OF THE DISEA	R CONDITIONS, if above cause (A) CONDITION last.	any, giving slating the ONTRIBUTING TO THE TO THE T.	(C)	20 A. AUTOPSY? (Yes or N	o) 208. IF YES, WERI	E FINDINGS CONSIDERED AUSES OF DEATH?
CERTIFICATION	DISEASES OF THE DESCRIPTION OF CONTRIBU	R CONDITIONS, if above cause (A) CONDITION fast. II CONDITION for the conditions Condition causing it operation 198. Con	ONTRIBUTING STED TO THE T. DITION FOR W	/HICH OPERATION		O) 208. IF YES, WERI	E FINDINGS CÓNSIDERED
DICAL CERTIFICATION	DISEASES OF THE DESCRIPTION OF CONTRIBUTION OF	R CONDITIONS, if above cause (A) CONDITION last. CONDITION last. CONDITION CAUSING I' OPERATION 198. CON WAS PERF	ONTRIBUTING STED TO THE T. DITION FOR W FORMED 21B. home etc.)	/HICH OPERATION PLACE OF INJURY fe.g., in the property of the	20A. AUTOPSY? (Yes or No or obout 21C. WHERE DID fice bidg., INJURY OCCUR?	lo) 20B. IF YES, WERI IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
MEDICAL CERTIFICATION	DISEASES OF THE DISEASE OF THE DISEA	R CONDITIONS, if above cause (A) CONDITION last. FICANT CONDITIONS C CATH BUT NOT RELACONDITION CAUSING I' OPERATION 19B. CON WAS PERF	ONTRIBUTING TED TO THE T. DITION FOR W FORMED 21B. home etc.) (Hour) 21E. Whil	VHICH OPERATION PLACE OF INJURY fe.g., in the control of the cont	20A. AUTOPSY? (Yes or No or obout 21C. WHERE DID fice bidg., INJURY OCCUR?	lo) 20B. IF YES, WERI IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
MEDICAL CERTIFICATION	DISEASES OF THE DESTRUCTION OF T	R CONDITIONS, if above cause (A) CONDITION last. CONDITION last. CONDITION CAUSING I PREVAIL CONDITION CAUSING I PREVAIL CAUSE OF MEDICAL CAUSING THAT CAUSING CAUSI	ONTRIBUTING STED TO THE T. DITION FOR W FORMED 21B. Whill Work	/HICH OPERATION PLACE OF INJURY fe.g., in e, lorm, foctory, street, of the injury occurred INJURY OCCURRED At Work	20 A. AUTOPSY? (Yes or No or obout 21 C. WHERE DID INJURY OCCUR?	20B. IF YES, WERI IN CERTIFYING C (If in Boltime	E FINDINGS CONSIDERED AUSES OF DEATH? One City, give exact locotion)
MEDICAL CERTIFICATION	DISEASES OO rise Io Ihe UNDERLYING OTHER SIGNIF TO THE DE DISEASE OR (19 A. DATE OF 21 A. ACCIDEN OR CONTRIBU DEATH (nonity 21 D. TIME OF INJURY (APPROX.) 22. 1 certify	R CONDITIONS, if above cause (A) CONDITION last. CONDITION last. CICANT CONDITIONS CATCHER CONDITIONS CAUSING IT OF RELACION OF RELACION LAST CONDITIONS CAUSING IT WAS UNDERLYING THAN CAUSE OF Medical examiner) (Month) (Doy) (Year)	ONTRIBUTING STED TO THE T. DITION FOR W FORMED (Hour) 21 E. Whill Work	VHICH OPERATION PLACE OF INJURY fe.g., in the control of the cont	20A. AUTOPSY? (Yes or Non or obout 21C. WHERE DID fice bidg., INJURY OCCUR?	208. IF YES, WERI IN CERTIFYING C (If in Boltime	E FINDINGS CONSIDERED AUSES OF DEATH? DIE City, give exact locohon) Guy 20 19 6
MEDICAL CERTIFICATION	DISEASES OF THE DESCRIPTION OF THE DESCRIPTION OF THE DESCRIPTION OF CONTRIBUTION OF THE DESCRIPTION OF THE DESCRIPTION OF THE DEATH FRONTY (APPROX.) 22. 1 certify that (I) (we)	R CONDITIONS, if above cause (A) CONDITION last. CONDITION last. CONDITION CAUSING I PRESENTED IN THE CONDITION CAUSING I PRESENTED IN THE CONDITION CAUSING I PRESENTED CAUSE OF MEDICAL CAUSE	ONTRIBUTING ITED TO THE T. ODITION FOR WE HOME (Hour) 21E. Whill Work of ottended the deficition of the column o	/HICH OPERATION PLACE OF INJURY fe.g., in e., form, foctory, street, of the injury occurred to the injury occurred at the injury occurre	20A. AUTOPSY? (Yes or he or obout 21C. WHERE DID fine bidg., INJURY OCCUR? 21F. HOW DID IN	JURY OCCUR?	E FINDINGS CONSIDERED AUSES OF DEATH? DIE City, give exact locofion) Guy 20 19 6
MEDICAL CERTIFICATION	DISEASES OF THE DESCRIPTION OF THE DESCRIPTION OF THE DESCRIPTION OF CONTRIBUTION OF THE DESCRIPTION OF THE	R CONDITIONS, if above cause (A) CONDITION last. CONDITION last. CONDITION CAUSING I PRESENT CONDITIONS CAUSING I PRESENT CONDITIONS CAUSING I PRESENTATION CAUSING I PRESENTATION CAUSING I PRESENTATION CAUSING CAUSE OF medical examines) (Month) (Doy) (Year) that (I) (this haspital last saw the decease from the couses stated	ONTRIBUTING ITED TO THE T. ODITION FOR WE HOME (Hour) 21E. Whill Work of ottended the deficition of the column o	/HICH OPERATION PLACE OF INJURY fe.g., in e., form, foctory, street, of the injury occurred to the injury occurred at the injury occurre	20A. AUTOPSY? (Yes or Non or obout 21C. WHERE DID fice bidg., INJURY OCCUR?	JURY OCCUR?	E FINDINGS CONSIDERED AUSES OF DEATH? DIE City, give exact locotion) Guy 20 19 6 Dinion deoth occurred on the
MEDICAL CERTIFICATION	DISEASES OF THE DESCRIPTION OF THE DESCRIPTION OF THE DESCRIPTION OF CONTRIBUTION OF THE DESCRIPTION OF THE DESCRIPTION OF THE DEATH FRONTY (APPROX.) 22. 1 certify that (I) (we)	R CONDITIONS, if above cause (A) CONDITION last. CONDITION last. CONDITION CAUSING I	ONTRIBUTING STATED TO THE T. ONTRIBUTING STEED TO THE	/HICH OPERATION PLACE OF INJURY fe.g., in the property of the	20A. AUTOPSY? (Yes or Non or obout 21C. WHERE DID fice bidg., INJURY OCCUR? 21F. HOW DID IN e ond to the body ofter death.	JURY OCCUR?	E FINDINGS CONSIDERED AUSES OF DEATH? ONE City, give exact locotion) Cucy 20 19 6, printing death occurred on the
MEDICAL CERTIFICATION	DISEASES OF ORISE TO THE DESCASE OF OR CONTRIBU DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (wer) ond hour and 23A. SIGNATURE.	ANTECEDENT CAUSES R CONDITIONS, if above cause (A) CONDITION last. CONDITION last. CICANT CONDITIONS CAUSING IT OF CAUSING IT WAS UNDERLYING CAUSE OF CAUSING IT	ONTRIBUTING STATED TO THE T. ONTRIBUTING STEED TO THE	/HICH OPERATION PLACE OF INJURY fe.g., in the property of the	20A. AUTOPSY? (Yes or Non or obout 21C. WHERE DID fifice bidg., INJURY OCCUR? 21F. HOW DID IN e ond the death.	JURY OCCUR?	E FINDINGS CONSIDERED AUSES OF DEATH? DIE City, give exact locotion) Guy 20 19 6 Dinion deoth occurred on the
MEDICAL CERTIFICATION	DISEASES OF THE DESCRIPTION OF THE DESCRIPTION OF THE DESCRIPTION OF CONTRIBUTION OF THE DESCRIPTION OF THE	R CONDITIONS, if above cause (A) CONDITION last. CONDITION last. CONDITION CAUSING I PROPERTY IN CONDITION CAUSING I PROPERTY IN CONDITIONS CAUSE OF MEDICAL PROPERTY IN CONDITIONS CAUSING I PROPERTY IN CONDITIONS CAUSE OF MEDICAL PROPERTY IN CONDITIONS CAUSING I PROPERTY I	ONTRIBUTING STED TO THE T. DITION FOR W FORMED 218. Whill Work c) ottended the d olive on	PLACE OF INJURY fe.g., in property of the prop	20A. AUTOPSY? (Yes or Non or obout 21C. WHERE DID fifice bidg., INJURY OCCUR? 21F. HOW DID IN e ond the body ofter death. 21F. How Did in the body ofter death. 22D. ADDRESS	JURY OCCUR? 1964 to hot in (my) (***) of	E FINDINGS CONSIDERED AUSES OF DEATH? ONE City, give exact locotion) Course 20 19 6 pinion deoth occurred on the 23B. DATE SIGNED 8-22 6 7
MEDICAL CERTIFICATION	DISEASES OF OR CONTRIBUTION THE DESIGNATION OF CONTRIBUTION OF INJURY (APPROX.) 21.1. ACCIDEN OF INJURY (APPROX.) 22. 1 certify that (1) (we) ond hour and 23A. SIGNATURY (APPROX.)	ANTECEDENT CAUSES R CONDITIONS, if above cause (A) CONDITION last. IIICANT CONDITIONS CATH BUT NOT RELATION TO AUSING IT OPERATION 198. CONDITION CAUSING IT WAS UNDERLYING THING CAUSE OF medical examined (Month) (Doy) (Year) that (I) (this haspital last sow the decease from the causes state RE CATION, 1248. DATE	ONTRIBUTING STATED TO THE T. ONTRIBUTING STED TO THE T. ONTRIBUTING THE TO THE THE TO THE THE TO THE	PLACE OF INJURY fe.g., in property of the prop	20A. AUTOPSY? (Yes or No or obout 21C. WHERE DID fice bidg., INJURY OCCUR? 21F. HOW DID IN e 21F. HOW DID IN or obout 21F. HOW DID IN or other death. Med. Director 22D. ADDRESS	JURY OCCUR? Stoff Phys. Heights Av	E FINDINGS CONSIDERED AUSES OF DEATH? ONE City, give exact locotion) Course 20 19 6 pinion deoth occurred on the 23B. DATE SIGNED 8-22 6 7
MEDICAL CERTIFICATION	DISEASES OO rise to the UNDERLYING OTHER SIGNIF TO THE DE DISEASE OR (19A. DATE OF 21A. ACCIDEN OR CONTRIBU DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) ond hour ond 23A. SIGNATUR 23C. PHYSICIAL NAME (T)	ANTECEDENT CAUSES R CONDITIONS, if above cause (A) CONDITION last. IIICANT CONDITIONS CATH BUT NOT RELATION TO AUSING IT OPERATION 198. CONDITION CAUSING IT WAS UNDERLYING THING CAUSE OF medical examined (Month) (Doy) (Year) that (I) (this haspital last sow the decease from the causes state RE CATION, 1248. DATE	ONTRIBUTING STED TO THE T. ONTRIBUTING STED TO THE T. (Hour) 21B. home etc.) (Hour) 21E. Whill Work ottended the dolive on ted obove. (I)	/HICH OPERATION PLACE OF INJURY fe.g., in the property of the	20A. AUTOPSY? (Yes or Non or obout 21C. WHERE DID fine bidg., INJURY OCCUR? 21F. HOW DID IN e ond the body ofter death. 23D. ADDRESS 6715 Park	JURY OCCUR? Stoff Phys. Heights Av	E FINDINGS CONSIDERED AUSES OF DEATH? Ore City, give exoct locotion) Caug 20 19 6, printing death occurred on the 23B, DATE SIGNED 8-22-67





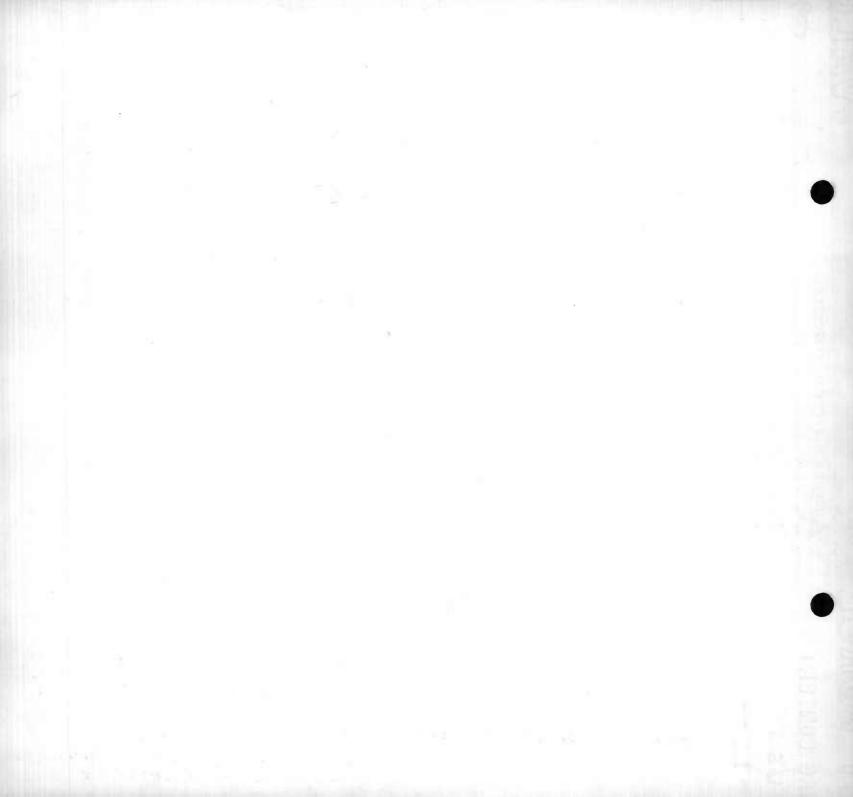
FULL NAME OF HOSPITAL OR SCHOOL ST. FULL NAME OF HOSPITAL OR SCHOOL ST. INSTITUTION 340 S. Calhour St. S. SEK C. BACE C. CHY OR YOWN If suitide city limits, write RUBAL and give township) Beltimore D. STEER ADDRESS Office of the Name of Months of the St. S. SEK C. BACE C. CHY OR YOWN If suitide city limits, write RUBAL and give township) Beltimore D. STEER ADDRESS Office of the Name of St. S. SEK C. BACE C. CHY OR YOWN If suitide city limits, write RUBAL and give township) Beltimore D. STEER ADDRESS Office of the Name of St. S. SEK C. BACE C. CHY OR YOWN If suitide city limits, write RUBAL and give township) Beltimore D. STEER ADDRESS Office of the Name of St. S. SEK C. BACE C. CHY OR YOWN If suitide city limits, write RUBAL and give township) Beltimore D. STEER ADDRESS Office of the Name of St. S. SEK C. CALHOUR St. S. OAL OR SUITING TO ADDRESS TO ADDRESS	N.E. CASE NO. 1. NAME OF DECEASED (Type or Print)	Violetta	Bryan CERTIFICA	2. DATE AN	ID HOUR OF DEATH	
TO A USAL OCCUPATION (Give kind of work) (Disk, KIND OF BUSINESS OR INDUSTRY 1). BIRTHPLACE (State or foreign country) Pennsylvania 13. FATHER'S NAME George Chamell 15. Was Deseased Five in U. S. Armed Fercas? (Yes, no or unknown) (If yes, give wor or dates of service) 18. Joseased Five in U. S. Armed Fercas? (Yes, no or unknown) (If yes, give wor or dates of service) 19. ADDRESS CAUSE OF DEATH (This does not meen the mode of dying, e.g., head fallow), head fallow, estheria, etc. If meens the disease, injury or complication which coused death) ANTECEDENT CAUSES DISEASE OR CONDITIONS, if ony, giving mise to the obove couse (A) staining the UNDERLYING CONDITION TO THE DEATH BUT NOT BELATED TO TH	FULL NAME OF HOSPITAL OR INSTITUTION	(If not in hospital or in address ar location)	stitution, give street	A. STATE B. COUNTY OF TOWN (If our Baltimore) D. STREET ADDRESS (IF	deceased lived. II it is decised the state of the state o	institution: residence before admission
done during mad of working file, even if refired) Pennsylvania 14. MOTHERS MADEN NAME George Channell 15. Was Deceased Even in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO. None 18. Wargaret DuBritton 340 S. Calhoun St. 18. Wargaret DuBritton 340 S. Calhoun St. INTERVAL BETWEEN ONSET AND DEATH (This does not mean the mode of dying, e.g., injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving itse to the above couse (A) slating the UNDERLYING CONDITION Iost. 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE UNDEASE OR CONDITION CAUSING IT. 179. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS "ERFORMED" 179. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS "ERFORMED" 179. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS "ERFORMED" 179. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS "ERFORMED" 179. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS "ERFORMED" 179. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS "ERFORMED" 179. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS "ERFORMED" 179. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS "ERFORMED" 179. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS "ERFORMED" 179. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS "ERFORMED" 179. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS "ERFORMED" 179. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS "ERFORMED" 179. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS "ERFORMED" 179. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS "INVESTIGATED TO THE DEATH BUT THE THE THE THE THE THE THE THE THE TH	F C	Cauc	WIDOWED, DIVORCED (specify) Married	7/9/92 002	lost bigbdoy 65	If Under 1 Yr. If Under 24 Hrs Manths Days Haurs Min,
S. Was Decessed Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO. NONE 17. INFO?A-ANT Mrs. Margaret DuBritton 18. Armed Forces? 18. Armed Forces 18. Armed Force	done during mast of warking		KIND OF BUSINESS OR INDUSTRY	Pennsylvar	nia	WHAT COUNTRY?
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., healt follow, estheric, etc. Il moons the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) slating the UNDERLYING CONDITION lost. TO THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASES OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 195. CONDITION FOR WHICH OPERATION 195. CONDITION SOCIETY on the obove couse (A) slating the UNDERLYING CONDITION CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CONDITIONS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20 OR CONTRIBUTING CAUSE OF DEATH 100 198. CONDITION FOR WHICH OPERATION 198. CONDITION FOR WHICH OPERATION 199. CONDITION FOR WHICH OPERATION 199. CONDITION CAUSING IT. 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID hame, farm, factory, street, affice bldg., INJURY OCCUR? DEATH (notify medical examine) 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID hame, farm, factory, street, affice bldg., INJURY OCCUR? While A1 Not While Mark Mark Mark Mark Mark Mark Mark Mark		Channell		Elizal	beth	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does nol mean the mode of dying, e.g., heat failure, estheria, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stating the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFITING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH? 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID OR CONTRIBUTING CAUSES OF DEATH? 21D. TIME OF INJURY (e.g., in or about 21C. WHERE DID OR CONTRIBUTING CAUSES OF DEATH? 21D. TIME (Manth) (Day) (Year) (Haur) 21E. INJURY OCCURRED (How with a light of the control of the	15. Was Deceased Ever (Yes, na ar unknown) (If ye	in U. S. Armed Farcos? es, give wor or dates of	service) SECURITY NO.	Mrs. Margaret	DuBritton	ADDRESS
OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner) DEATH (natify medical examiner) Death (natify			DUE TO			
21D. TIME OF INJURY (APPROX.) 21E. INJURY OCCURRED While At At Wark 21F. HOW DID INJURY OCCUR?	rise Io Ihe ob UNDERLYING CO	nove couse (A) start of the country	TRIBUTING TO THE		Q VI	8
that (1) (we) last saw the deceased alive an	OTHER SIGNIFICANTO THE DEATH DISEASE OR CONI	NOT CONDITION IOSI. NT CONDITIONS CONTAINED IT. NOT CONDITIONS CONTAINED IT. RATION TO THE CONDITION OF T	TRIBUTING TO THE ON FOR WHICH OPERATION MED 21B. PLACE OF INJURY (e.g., in home, form, factory, street, of	20 A. AUTOPSY? (Yes or No	208. IF YES, WERE IN CERTIFYING C.	E FINDINGS CONSIDERED AUSES OF DEATH?
	OTHER SIGNIFICANT TO THE DEATH DISEASE OR CONTINUED TO CONTRIBUTING DEATH (notify medical of injury)	ODE COUSE (A) SIGN OF COUSE (A	TRIBUTING TO THE ON FOR WHICH OPERATION MED 21B. PLACE OF INJURY (e.g., in hame, form, factory, street, of etc.) aur) 21E. INJURY OCCURRED While At Nat Whil	20 A. AUTOPSY? (Yes or No n ar about 21 C. WHERE DID fice bldg., INJURY OCCUR?	20B. IF YES, WERE IN CERTIFYING C. (If in Baltima	E FINDINGS CONSIDERED AUSES OF DEATH? DIE City, give exact lacation)
	TISE TO THE OBUNDERLYING CO OTHER SIGNIFICATION TO THE DEATH DISEASE OR CONTRIBUTING OR CONTRIBUTING DEATH (natify media) 210. TIME (More OF INJURY (APPROX.)) 22. I certify that that (I) (we) last and haur and fram 23A. SIGNATURE 23C.PHYSICIAN'S NAME (Type)	ODER COUSE (A) sla DONDITION IOSI. II NT CONDITIONS CONTINUES TO THE CONTINUES CONTI	TRIBUTING TO THE ON FOR WHICH OPERATION AED 21B. PLACE OF INJURY (e.g., in hame, farm, factory, street, of etc.) 21E. INJURY OCCURRED While At Nat While At Wark At wark At wark At wark Abave. (1) (We) (did) (did nat) v	20A. AUTOPSY? (Yes or No na about 21 C. WHERE DID fince bidg., INJURY OCCUR? 21F. HOW DID INJ	(If in Baltima	E FINDINGS CONSIDERED AUSES OF DEATH? THE City, give exact lacation)
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) Burial 8/24/67 Meadowridge Cemetery Baltimore, Md. 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR 24D. LOCATION (City, lawn, ar county) (Stole) Baltimore, Md.	rise to the ob UNDERLYING CO OTHER SIGNIFICATION THE DEATH TO THE DEATH DISEASE OR CONTINUE 21A. ACCIDENT WOR CONTRIBUTING DEATH (natify media) 21D. TIME (Mail OF INJURY (APPROX.)) 22. I certify that that (I) (we) last and haur and from 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) 24A. BURIAL CREMATIC REMOVAL (Specify Buria)	ON PAR DATE ON, 24B. DATE ONDITION (A) SIA PROPERTY OF THE PARTY OF	TRIBUTING TO THE ON FOR WHICH OPERATION AED 218. PLACE OF INJURY (e.g., in hame, farm, factory, street, of etc.) 21E. INJURY OCCURRED While At Nat While At Wark tended the deceased fram above. (I) (We) (did) (did nat) v Phy A.D. Atte Phy 124C. NAME of CEMETERY of CRE Meadowridge Ce	20A. AUTOPSY? (Yes or No no about 21 C. WHERE DID fince bidg., INJURY OCCUR? 21F. HOW DID INJ e 19 67 and the liew the bady after death. 23D. ADDRESS 23D. ADDRESS 22D. ADDRESS 24D. Landery	OCATION (10) 208. IF YES, WERE IN CERTIFYING C. (11) (11) (12) (13) (14) (15) (14) (15) (15) (16) (17) (17) (17) (18) (18) (19	E FINDINGS CONSIDERED AUSES OF DEATH? THE City, give exact lacation) 23B. DATE SIGNED 8/22/67 City, lawn, ar county) (Stole)

V.S. 153 8-29-67 M.H.

IMPORTAN

DIRECTOR:

FUNERAL



BIRTH NO.	8089 CERTIFICA	TE OF DEATH	Registered No.	67 8089
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) PETERSON	KERTHA		ND HOUR OF DEATH	1115
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE Who	ere degeosed fived, if institu	ution: residence before odmission)
FULL NAME OF (If not in hospital or institu	ution, give street	A. STATE B. COUI	BALTO.	CITY
HOSPITAL OR oddress or location)	, g	C. CITY OR TOWN (If or	utside city limits, write RUR	AL and give township)
1 daries 1 Massires	,	D. STREET ADDRESS (III	rurol, give location)	000
MERCY HOSPITAL		5503 6	FREEN HIL	LAVE #06
4 G WID	RRIED, NEVER MARRIED OWED, DIVORCED (specify)	5/21/98	9. AGE (In years lost birthdoy) 69 M	Under 1 Yr. If Under 24 Hrs.
10A. USUAL OCCUPATION (Give kind of work 10B. KIP done during most of working lile, even if retired)	ND OF BUSINESS OR INDUSTRY	11. BYRTHPLACE (State or fore		2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA		
FRANK SM.	AKOWSKI	LENOR	A KOME	OROWSKI
 Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of ser 	vice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No		Mr. Joseph F.	Peterson	(Sa me)
18.502,01	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH				
(This does not mean the made of dying, heart failure, asthenio, etc. It means the distingury or complication which coused death.)		CONTE ACUT	E BRONCH	KIN 4 WEEKS
ANTECEDENT CAUSES		RONIC BRO	. ,	
DISEASES OR CONDITIONS, if any, or rise to the obove couse (A) storing UNDERLYING CONDITION last.	the (c) CH			YEARS
		EMPH	YSEMA	
OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED T DISEASE OR CONDITION CAUSING IT.		T CUA-	ara.	
	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or N	O) 20B. IF YES, WERE FINI	DINGS CONSIDERED S OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	or obout 21 C. WHERE DID In or obout 21 C. WHERE DID INJURY OCCUR?	(If in Boltimore Ci	ity, give exoct locotion)
21D. TIME (Month) (Doy) (Year) (Hour) (APPROX.)	21E. INJURY OCCURRED While At Not While Work At Work		JURY OCCUR?	/
22. I certify that (I) (this hospital) atten	ded the deceosed from	7/27	19 67 10 8/	21 1967
that (1) we) lost saw the deceased alive	on 8/2/	19 67 ond th	hot in (my) (our) opinio	n death occurred on the dat
ond hour and from the couses stated abo	ve (I) (We) (did) (did not) v	iew the body ofter deoth.		
23A. SIGNATURE	M. ar M.D. Atte	ending Med.	Stoff 23	B. DATE SIGNED
23C. PHYSICIAN'S		s. Med. Director 23D. ADDRESS	Phys.	0/2-10/
NAME (Type)	INGER M.D.	MERCY,	HOSPITAL	
1,>///	4C. NAME of CEMETERY OF CRI		LOCATION (City,	town, or county) (Stote)
Buriel 8/25/67.	Holy Redeemer Ce	metery	Baltimore,	Md.
25A. DATE REC'D BY HEALTH DEPT. AUG 23 1967	AME OF REGISTRAR	25C. FUNERAL DIRECTO		ADDRESS
VC 100 DEN 1/1/16				

Decision and the second second To go materials, a source inches and the second

8090 BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.	MED	ICAL EX	XAMINER'S C	ERTIFICATE (OF DEATH Registe	red Na.57 8090
M.E. CASE NO.	ECEASED			12.54	TE AND HOUR BRONGLING	ED DEAD
1. NAME OF DI				2. DA	TE AND HOUR PRONOUNC	
MAR	CUS LTIMORE, MARYLAND, V		FORD	III IIIIAI BESIDENCE	August 21, 196	7 2:30 P. N
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	Maryland	B. COU	INTY
HOSPITAL OR	ADDRESS OR LOC	ATION)		C. CITY OR TOWN (II	autside carparate limits, write	RURAL and give township)
				Baltimo		7-0
Unio	n Memorial Ho	spital	(DOA)	D. STREET ADDRESS (
		-			Raven Blvd.	
5. SEX	6. RACE		DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	II Under 1 Yr. II Under 24 H Manths Days Haurs Min
Male	White	Marr		December 9,		
done during most at	CUPATION (Give kind of working life, even if retired) 1988 Operator	k 10B. KIND O	F BUSINESS ÖR INDUSTRI	11. BIRTHPLACE (State of		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NA	ME			14. MOTHER'S MAIDEN	NAME	
	Horace G	. Ford			Ella Ford	
	SED EVER IN U.S. ARMEI		16. SOCIAL	17. INFORMANT		ADDRESS
No No	(n) (If yes, give wor ar dot	es at services	217-32-8845	Mrs. Mildred	d G. Ford	(Same)
18. 12	21.		CAUSE	OF DEATH		INTERVAL BETWEEN
DISE	ASE OR CONDITION D	IRECTLY			The state of	
	LEADING TO DEATH	H	(A)	osclerotic Ca	ardiovascular D	isease
heart failur	not meon the mode a re, osthenio, etc. It mean camplication which caused	s the disease,	DUE TO			
Injury at c	ampheolian which caused	deam.				
	ANTECEDENT CAUSE		(B)			
	OR CONDITIONS, IF A		DUE TO		***************************************	
	ING CONDITION LAST.		(C)			
<u>Ó</u>	11		(6)			•••••••
OTHER SIG	II GNIFICANT CONDITIONS	CONTRIBUTI	NG			
O THE	DEATH BUT NOT RE	LATED TO		***************************************		
<u> </u>	F OPERATION 198. COM		WHICH OPERATION		or Na) 208. IF YES, WERE FIR	
ZIA. EXTERN	AL CAUSE WAS	21 B.	PLACE OF INJURY (e.g.	in ar about 21C, WHERE	DID (If in Baltimare City, gir	ve exact lacation)
UTING CA	OR CONTRIB-	hame etc.)	e, farm, foctory, street, o	office bldg., INJURY OCC	UR?	
21D TIME	(Month) (Day) (Yea	ar) (Haur) (s	21E. INJURY OCCURRED	21 F. HOW DI	D INJURY OCCUR?	
(APPROX.)			WHILE AT NOT	WHILE		
22.	-4.6 A A L L L L L L L L L L L L L L L L L					
	ertify that I held an		Inspection X Aut	_	on this bosis, deoth in m	
resu	ulted fram: Natural co	uses X	Accident Suicid		Undetermined manne	er 🗔
ACTUA	AL TIME	,	Sol		AL EXAMINER .	DATE SIGNED
SIGNA		74-1	MO MO	ASSISTANT MEDICA	L EXAMINER X	
EXAMI NAME		er U. S	pitz, M.D.	ASSOCIATE MEDIC	AL EXAMINER	8/22/67
23A, BURIAL CR REMOVAL (Spec		23	CNAME OF CEMETERY O	CREMATORY	23D. LOCATION (City,	town, or county) (State)
Buria	8/21	1/67.	Parkwood Cem	etery	Baltimere,	Md
	D BY HEALTH DEPT.		OF REGISTRAR	24C, FUNERAL DIR		ADDRESS
	AUG 2 3 1967	A	8 E. FarbeyMa		Ruck, Inc. Bal	

VS 151-REV. 1/1/65

State

Starried Securior 7, 1905, na 61-52

Eustmour Operator todayland todayland

Horana C. Ford Dungani

217-32-851.5 Mes. Mildred C. Ford (Suma)

Partel 0/21/67 - Farmond Cemptery Selvingray Md.

Leonard J. Nuck, Inc. Balte. Mi. Elilia

IMPORTANT

DIRECTOR:

FUNERAL



shows:

SD

25A. DATE REC'D BY HEALTH DEPT.

VS 150-REV. 1/1/65

25B. NAME OF REGISTRAR

of death Deceased

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hospital

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cause; attend 0

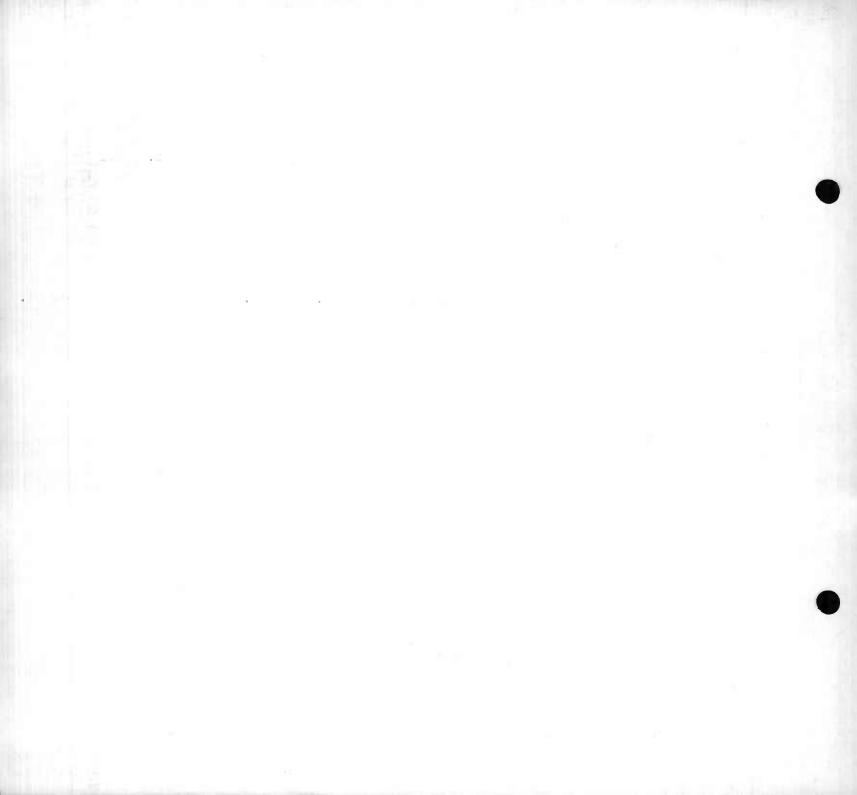
25C. FUNERAL DIRECTOR

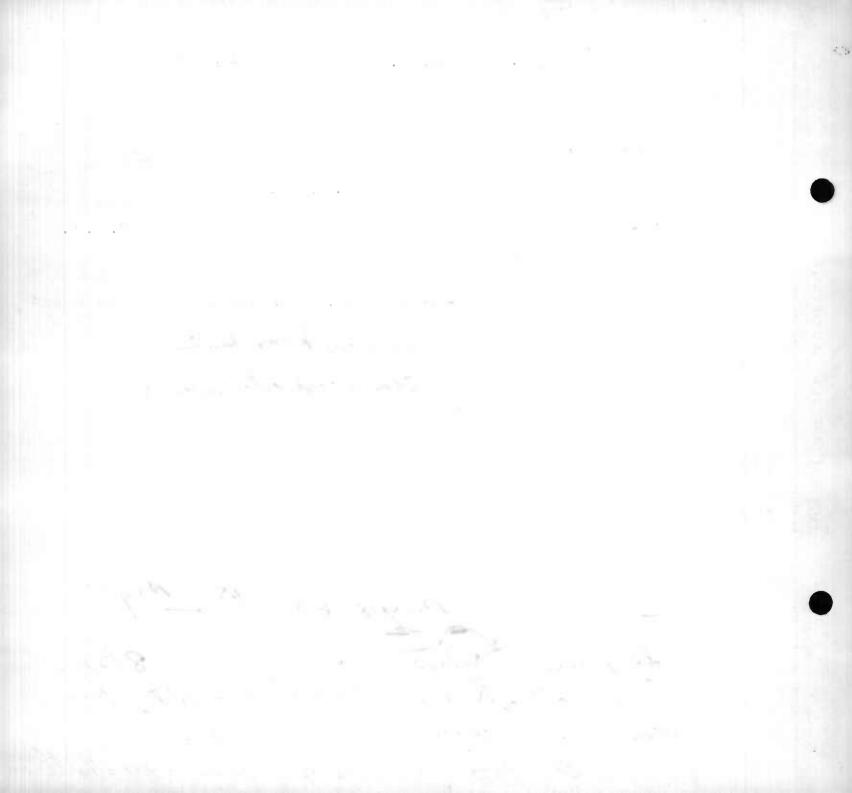
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BTTO I WA

C-	-634
•	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
	was the desiring
FUNERAL DIRECTOR: IMPORTANT	assistant if the dire ty kind; (4 death lance on t
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	was was () An at at at a prio
	ws: (1)
	This the sho was

	BALTIMORE BALTIMORE	CITY HEALTH DEPARTMENT	C'7 000A
BIRT	67 8094 CERTIFIC	CATE OF DEATH Registered	No. 01 0034
	CASE NO.	O, 11 = O, D = , 11 1 1	
	AME OF DECEASED TEROME N. CART	TER 2. DATE AND HOUR OF D	1/: 60 f.
3. P	LACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased five	d. Il institution; residence before admissi
F	FULL NAME OF (If not in hospital or institution, give street address or location)	C. CITY OR TOWN (If outside city limits.	* B11B 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	CHURCH HOME EHOSPITH	C. CITY OR TOWN (If outside city limits,	write RURAL and give township)
2	CHURCH HOME "TOPTING	D. STREET ADDRESS (If rurol, give locoti	on)
. s	EX 6. RACE 7, MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In year	U St. 21229
	WIDOWED, DIVORCED (specify	12-9-1890 lost birthdoy	Months Doys Hours Min
	. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
R	ETHEU (YCAZA THEATE) Manager	111	USA
3. [MAX CARTER	14. MOTHER'S MAIDEN NAME Le na	
	Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT	ADDRESS
res,	No None Security No.	7224 Mrs. Anita E. Carter	4905 Stafford S
	0 0	SE OF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	1 0 111 0	ONSET AND DEATH
	LEADING TO DEATH	WREMIA JUHETE	Length VPJS
	(This does not mean the made of dying, e.g., DUETO heart foilure, osthenio, etc. It means the disease,		1
	injury or complication which caused death.)	RENIGN DROSTATI	8 HYDER-PODIL.
	ANTECEDENT CAUSES (B) DUE TO	, , , , , , , , , , , , , , , , , , , ,	11410010
	DISEASES OR CONDITIONS, if any, giving		
	rise to the obove cause (A) stating the (C) UNDERLYING CONDITION lost.		
1	11		
NO.	and the same of th	N+A of V = 111 A	1.05
ATION	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CIPOLYTE IMBRI	INCE!
RTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		WERE FINDINGS CONSIDERED G CAUSES OF DEATH?
-1	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (home, lorm, loctory, streetc.)	e.g., in or obout 21C. WHERE DID (II in Bi	altimore City, give exact lacation)
ш	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED		
>	(ABBROY) While At Not	While Work	a. 10 (-
	22. I certify that (In this hospital) attended the deceased from.	19 67 to	19 6
	that (1) (we) last saw the deceased alive on	19 67 and that in (my) (ou	r) opinion death occurred on the c
	and hour and from the causes stated above. (1) (We) (did) (did n	ot) view the body after deoth.	
	23A. SIGNATURE		23 B. DATE SIGNED
	Hullimo D. Your M.D.	Attending Med. Stoff Phys.	1-17-67
		v.D. CHURCH HOME	& HOSPITAL
24 A	BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY o		(Cify, town, or county) (State
	Burial 8/22/1967 Loudon Park		, Maryland
5A	AUG 2 4 1967 (1) Les E Lashout	25C. FUNERAL DIRECTOR	Sonshorthy 2
	DEC BEN 1/1/45	I want I amen	1 moranous





IMPORTANT

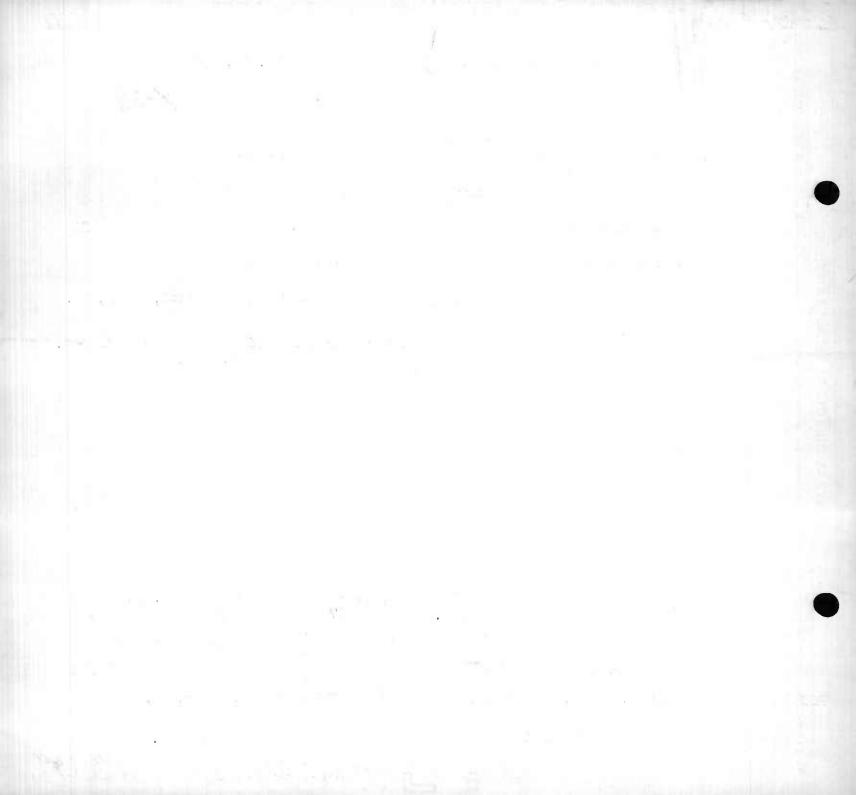
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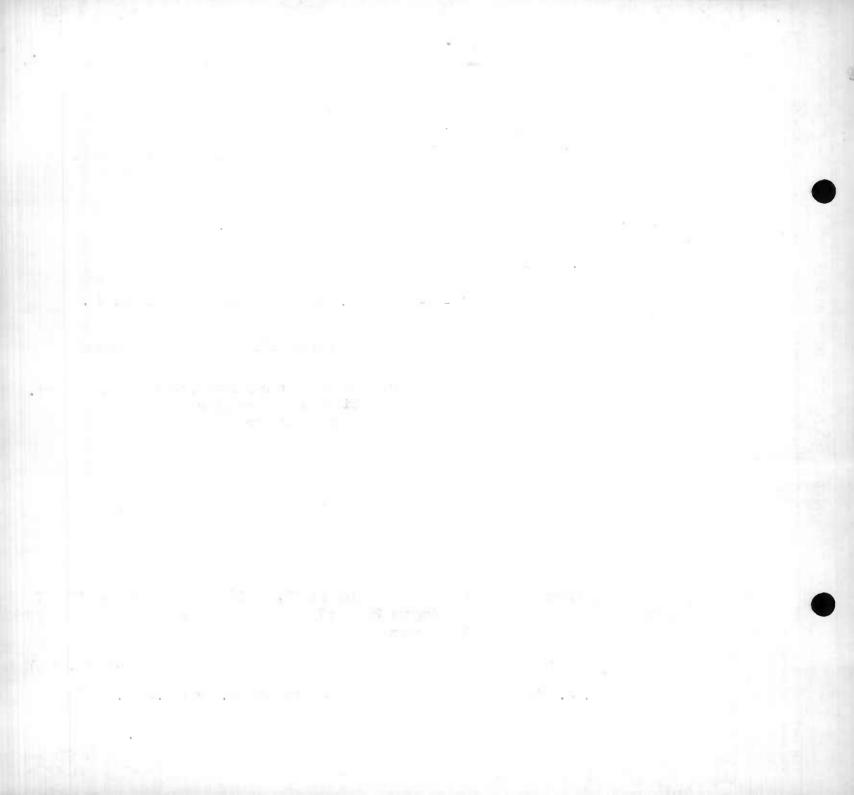
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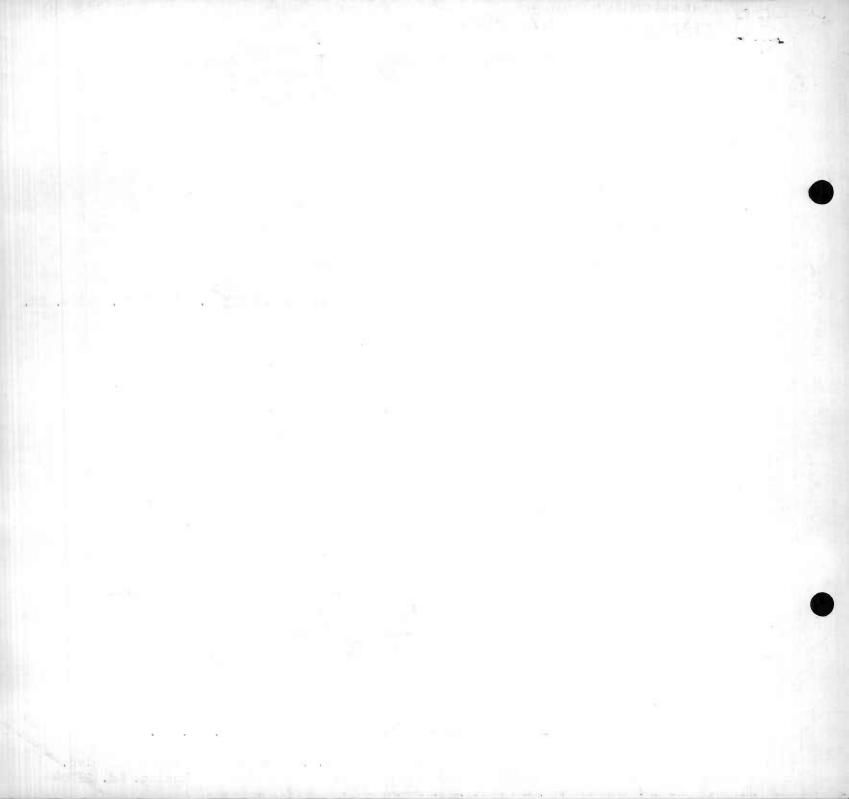
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such a deceased prior to death, and (6) No physician was in regular attendance on the deceased prior to death. Such a deceased prior to death, and (6) No physician was in regular attendance on the deceased prior to death.
	4 / 3 /

,,	AE OF DECEASE or Print)	Billie Ar	n Eddl	eman		and hour of death 21, 1967	1 9 A	
PLA	CE OF DEATH !	IN BALTIMORE, MA		030000	14. USUAL RESIDENCE (Where deceased lived, If institution; residence before admis-			
HDS	FULL NAME OF (If not in hospital or institution, give street HDSPITAL OR oddress or location) NSTITUTION			Tenn.	INTY	RURAL and give township)		
IIS	Public	Health Sers	rice Ho	enital	Columbia			
	US Public Health Service Hospital 3100 Wyman Park Drive			opa oua	D. STREET ADDRESS (If rurol, give locotion) 204 Apache Trail			
SEX	F 6. RA	W	WIDOWE	, NEVER MARRIED D. DIVORCED (specify) Married	8. DATE OF BIRTH 3/2/40	9. AGE (In years lost birthdoy) 27	Months Doys Hours N	
one du	SUAL OCCUPATION OF WORKING MORE HOTEL	ng life, even if retired)	10B. KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?	
3. FAT	THER'S NAME				14. MOTHER'S MAIDEN N	AME		
	Jacob L	ovell			Lucille Jagg	ers		
. Was	s Deceased Ever	in U. S. Armed Forces, give wor or dote:	ces? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	w. T901	ADDRESS	
	no			412-70-5178	Records- US	PHS Hospital	L, Balto, Md.	
18.	197,	1 1		CAUSE C	DE DEATH		INTERVAL BETWEEN	
he	july or complice	lign which caused						
Dirisi UN	ISEASES OR C	CONDITIONS, if (any, giving slating lhe ONTRIBUTIN TED TO TH	(C)				
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A.E. CASE NO.			98 CERTIFICA		2. DATE AND HOUR OF DE	ATH		1
Type or Print)	Mabel Estelle	Chappe	211		August 20, 1	-	10:30	A
. PLACE OF D	EATH IN BALTIMORE, MA			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admissing				
FULL NAME HOSPITAL OF			give street	A. STATE B. COUNTY Maryland C. CITY OR TOWN (If outside city limits, write RURAL and give township)				
INSTITUTION		08 North Charles Street		Baltin		VIITE KUKAL OF	a give township)	2/
A	Baltimore, Ma		21218	D. STREET ADDI		n)	100	7
	Daroniole, Ha	Tyrand	22020	3908 1	North Charles S	treet	21218	
. SEX	6. RACE		D. DIVORCED (specify)	B. DATE OF BIRT	H 9. AGE (In years	If Under	er 1 Yı. If Und	er 24 H
eMale	White		Ldowed	May 28,	1881 ost birthdoys			
	CUPATION (Give kind of work of working life, even if retired)	10B, KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE	State or foreign country)		IZEN OF	
	ewife			Westmin	nister, Md.			
3. FATHER'S NA	AME			14. MOTHER'S N	AIDEN NAME			
Geor	ge W.	Miller		Cha	rity Brown			
5. Wos Decease	ed Ever in U. S, Armed Fore	ces?	1 6. SOCIAL	17. INFORMANT			ADDRESS	
No	None None	2 DI SEIVICE	220-44-3298	Mrs Elo	ise Andrew	Herlock	Md	
1B.	0.1		CAUSE O		roo midzow	11012001	INTERVAL BETY	
DISE	ASE OR CONDITION DIR	RECTLY					ONSET AND D	EATH
	LEADING TO DEATH		(A) Core	onary thro	mbosis		Sudden	
	(This does not mean the mode of dying, e.g., DUE TO heart foilure, osthenio, etc. It means the disease,							
	injuly all complication which coused death.)			omi ne el				
					Tio condione or con	1 0 20		
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BIRTH NO. 67	8100 CERTIFICA	ATE OF DEATH	Registered Na.	67 8100
M.E. CASE NO.	CERTITION		NO HOUR OF DEATH	10.55
Type of Print FARELL, Q. 3. PLACE OF DEATH IN BALTIMORE, MARYLA	UCKEY	4. USUAL RESIDENCE (Wh	ere deceased lived. If in	nstitution: residence before admission)
FULL NAME OF (If not in hospital or ins address or location) INSTITUTION		C. CITY OF TOWN (IF O	Utside city timits, write	IIMURGS RURAL and give township)
UNIVERSITY HO	SPITAL	OWINGS	Mills	03-00
011100017		ROSEWOOD	el give locolioni	
	ARRIED, NEVER MARRIED VIDOWED, DIVORCED (specify)	12-19-14	9. AGE (In years tost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
OA. USUAL OCCUPATION (Give kind of work 108, one during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTR	9 11. BIRTHPLACE (State or form	eign country)	12. CITIZEN OF WHAT COUNTRY?
a FATHERS NAME		14. MOTHER'S MAIDEN NA	he S.	Harrell
Wos Deceased Ever in U. S. Armed Forces? es, no or unknown) (If yes, give wor or dotes of No	service) 16. SOCIAL SECURITY NO. None	17. INFORMANT	Recore	ADDRESS
DISEASE OR CONDITION DIRECTI		OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) lan	signaid under.	tion 20	5 months.
(This does not mean the mode of dyin heart failure, asthemio, etc. It means the injury or complication which coused deat		sigmoid vehilles.	,	
ANTECEDENT CAUSES	(B)	is moid fist	//H	Tdays.
DISEASES OR CONDITIONS, if ony, rise to the obove couse (A) state UNDERLYING CONDITION lost.		mall bowel	fistula	1 day
OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.			Section 1	
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g.,	20 A. AUTOPSY? (Yes or N	MULLION SA	FINDINGS CONSIDERED USES OF DEATH? PONT FOUND PROPERTY (INC.) City, give exect/locotion
21D. TIME (Month) (Doy) (Year) (Ho OF INJURY (APPROXT	While At Not Wh		JURY OCCUR?	
22. I certify that (1) (this haspital) att	m /	. , –	19 to 8	117/67 19
that (1) (we) last saw the deceased al				inian death accurred an the dot
and haur and from the causes stated a	bave. (1) (we) (ala) (ala har)	view the bady after deoth.		23 B. DATE SIGNED
23C.PHYSICIANS		tending Med. Director	Stoff Phys.	8/21/67
CHAME (Type)	M.D	07 6	reene ST	
4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY or CI			ity, town, or county) (State)
Burial 8/22/67 5A. DATE REC'D BY, HEAVTH DERT 26B.	Rosewood Ceme	etery Or	vings Mills,	Md. ADDRESS sterstown, Md
AUG 2 4 1967	Right & Harbert	J. F. Eline	& Sons Rei	sterstown, Md
\$ 150-REV. 1/1/65			······································	-

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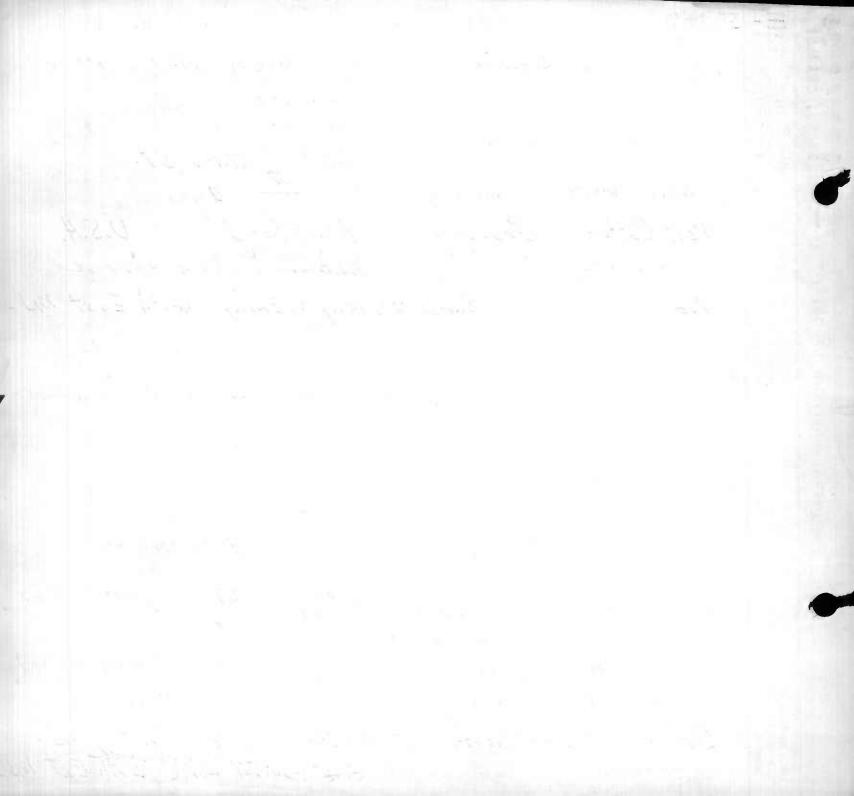
IMPORTANT

DIRECTOR:

FUNERAL

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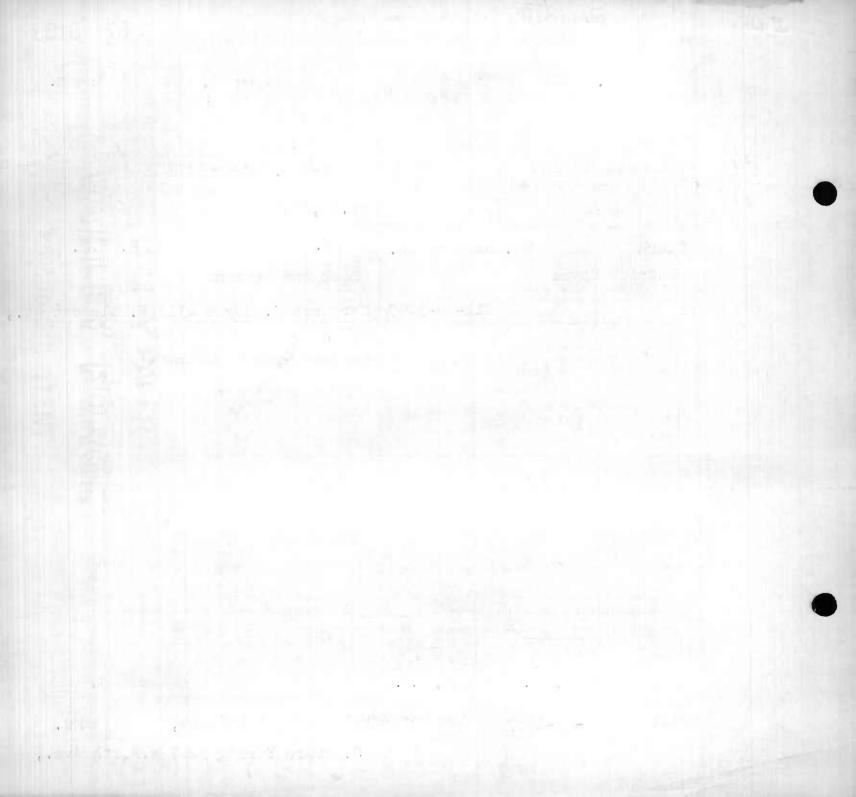
Correction, Report Science Street

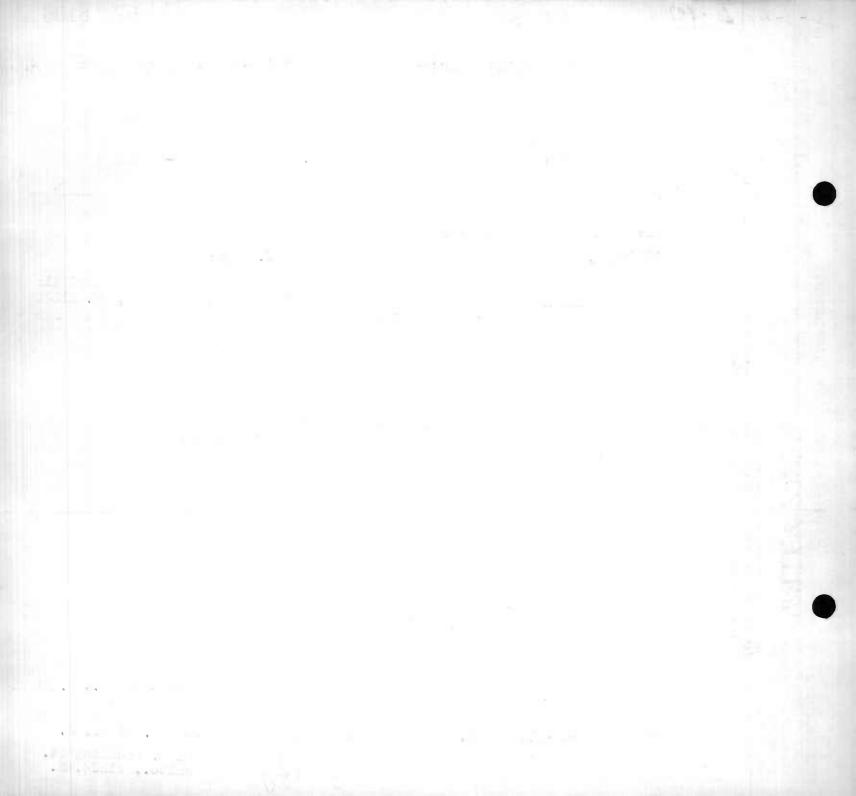


8105 BALTIMORE CITY HEALTH DEPARTMENT

	TH NO. E. CASE NO.	MEDI	CAL EX	(AMINER'S CI	ERTIFICATE (OF DEATH Register	red No.67 8105
	NAME OF DECE	M. ALICH	E COYN	NE		August 20, 1967	
FU	LL NAME OF	(IF NOT IN HOSPITA ADDRESS OR LOCA	L OR INSTITU		A. STATE Maryla	B. COU	
IN:	Tuth	ieran Hospita	.1	(DOA)	Baltim D. STREET ADDRESS	(If rural, give location)	15-41
	Dati	Teran nospice	* 1	(DON)		. Ellamont Stre	et
5. F	emale 6	White	WIDO WED, I	NEVER MARRIED DIVORCED(specify)	0ct.20,187	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
104	. USUAL OCCUP e during most of wo		TOR KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole of		12. CITIZEN OF WHAT COUNTRY?
13,	CLerk FATHER'S NAME		Md.68	sualty Co.	14. MOTHER'S MAIDEN	NAME	U. D.A.
	Patr	ick Coyne			Rose Ann	McKenna	
	WAS DECEASED	EVER IN U.S. ARMED		16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	no			12-10-3209	Margaret	M. Coyne 2313	N.Ellamont St
CERTIFICATION	AN DISEASES O RISE TO THE UNDERLYING	I meen the mode of susthenio, etc. It meen blicotion which coused a record of the country of the	the discose, death.) NY, GIVING ATING THE CONTRIBUTIN	(B)		rebral hemorrha	
	19A, DATE OF	WAS PER	ORMED	WHICH OPERATION	Yes	OT No. 208, IF YES, WERE FIN CERTIFYING CAUS	SES OF DEATH?
MEDICAL	UNDERLYING UTING CAUSI	OR CONTRIB-	21 B. home etc.)	PLACE OF INJURY (e.g., i , form, foctory, street, o	in or obout 21C. WHERE INJURY OCC	DID (If in Boltimore City, giv	ve exact location)
Σ	21 D TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeor	V	VHILE AT NOT WORK AT W	WHILE	D INJURY OCCUR?	
		R'S Charles	uses A	InspectionAut	Hamicide CHIEF MEDIC	AL EVAMINED	
	BURIAL CREM		23	C. NAME OF CEMETERY O	CREMATORY	23D. LOCATION (City,	town, or county) (State)
KE	Burial	8-23-	1967	New Cathe	dral	Baltimore,	Md.
24		AUG 2 4 1967		of registrar	G. Howard		W.North Ave.,

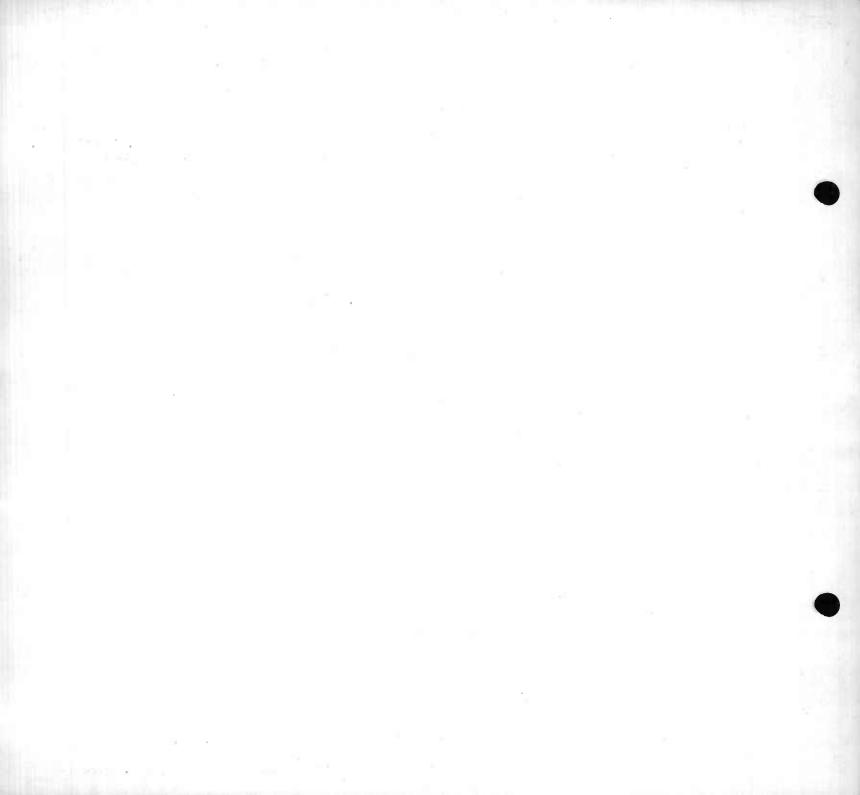
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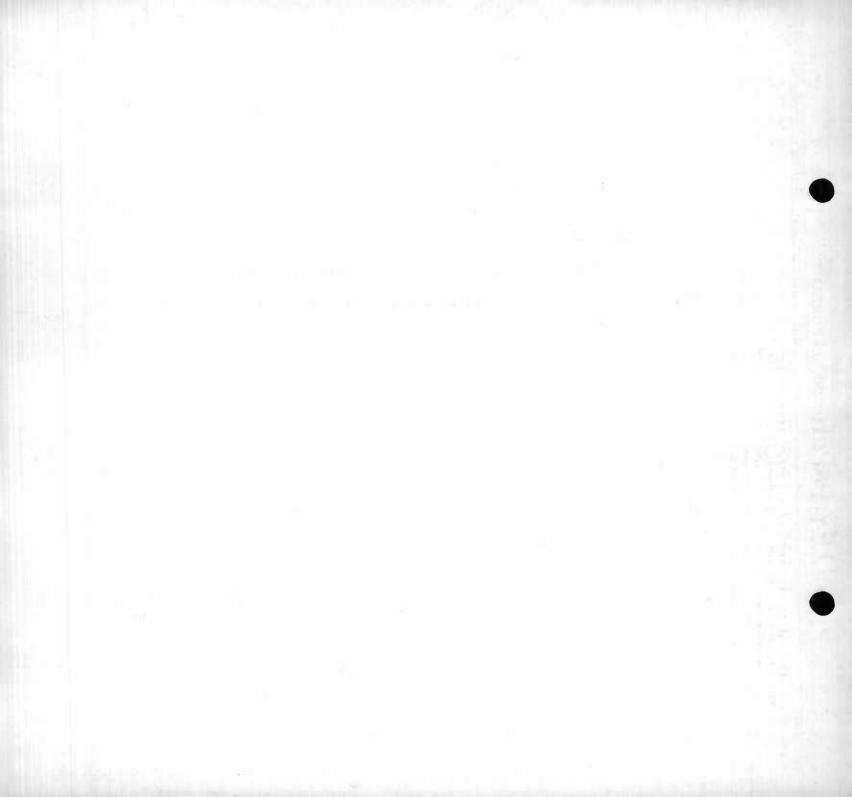




5-	534
•	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
	if de ect 4) Ur was the posi
MPORTANT	his assistant Iso, if the dire of any kind; (unced death trendance on ed or final dis
- ::	r. A ture rono
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in the body was released to the hospital by a medical examiner. Also, if the direct or contributing c shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined caus was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendence on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior twitten approval must be obtained before the remains are embalmed or final disposition is made.
•	This certificate must be approve the body was released to the h shows: (1) An accident of any no was D.O.A. at a hospital (excet deceased prior to death); and written approval must be obtain

67 81	BALTIMORE CIT	Y HEALTH DEPARTMENT		מיות מיות
BIRTH NO.	CERTIFICA	ATE OF DEATH	Registered No.	91 9101
M.E. CASE NO. 1. NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	
(Type or Print) Gertrude	2 R. Sano	lers 8	-23-67	19.151
B. PLACE OF DEATH IN BALTIMORE, MARYLAND				ution: residence before admission
		A. STATE B. COUN	TY	onom residence perore purmasion
FULL NAME OF (If not in hospital or institutio	n, give street	Marylai	Nd.	
HOSPITAL OR oddress or location) INSTITUTION		C. CITY OR TOWN (IF out	side city limits, write RUI	RAL ond give township)
		Boltim	OPE # 7	1/230 4-01
	. 1/	D. STREET ADDRESS	rural, give location) 107	N. Charles St.
South Baltimore GEN	ETal Hosp.	17 100	HENCH	St
SEX 6. RACE 7. MARRI	ED, NEVER MARRISO	8. DATE OF BIRTH	9. AGE (In years	f Under 1 Yr. , If Under 24 Hr
To willow	VED, DIVORCED (specify)	1 7 05	lost birthdayl	Nonth's Days Hours Min.
OA, USUAL OCCUPATION (Give kind of work 10 B. KIND	OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign	an country	12. CITIZEN OF
done during most of working life, even if retired)	Red Cross	The british and the fall of the control of the cont	2	WHAT COUNTRY?
Worker 116	tired.	14. MOTHER'S MAIDEN NAM	nanylond	
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE O	
11. H R.		m	E R	- 1 20 - 1-
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	K. 10	Enfrer.
Yes, no or unknown) (It yes, give wor or dates of service	SECURITY NO.	0		- ADDKE22
No		Mr. Milton Steg	man 1516	Ridge Rd
18. / 70 X 1	CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
LEADING TO DEATH	(A) (B	rcinomatosis		1- 3.
(This does not mean the mode of dying, e.	g., DUE TO		**************************************	0
heart failure, asthenia, etc. It means the diseast injury or complication which caused death.)	50,	cinoma of le	1,1 +	3 + grs
ANTECEDENT CAUSES	(B) Car	cinoma Ul 10	of was	J Jus.
	DUE TO	D		0
DISEASES OR CONDITIONS, if ony, giving tise to the above cause (A) stating the		_		
UNDERLYING CONDITION lost.		••••••••••••••••••••••••••••••••••••••	944998889 8898888 8811 8811 11 11 11 11 11 11 11 11 1	**************************************
- 11				
OTHER SIGNIFICANT CONDITIONS CONTRIBUT				
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE			
19A. DATE OF OPERATION 198, CONDITION FO	R WHICH OPERATION	20A. AUTOPSY? (Yes or No.		DINGS CONSIDERED
E 2 % ago WAS PERFORMED	2. left bus	t 2.	IN CERTIFYING CAUSE	S OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	1B. PLACE OF INJURY (e.g.	in or obout 21C. WHERE DID	(It in Baltimore C	ity, give exact tocotion)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	nome, form, factory, street,	office bldg., INJURY OCCUR?		
<u>o</u>		-		
U OF INJURY	TE. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
	While At Not Wh		-	
22. I certify that (I) (this hospital) attended	d the deceased from	P-27-1	96710 8	7.3- 106
	0 2 2	C		
that (I) (we) lost sow the deceased olive ar	7-45-	ond the	ot in (my) (our) opinio	n death occurred on the do
and hour and from the causes stated above.	(I) (We) (did) (did not)	view the body ofter death.		
23A. SIGNATURE	•		23	B. DATE SIGNED
Maria			Stoff	8-23-67
23 C. PHYSICIAN'S		ys. Director 23D. ADDRESS	Phys.	2
NAME (Type)	4111	10 PAN	DALL ST.	Bala has
C. C. C1	11 C M.D	LE. NIML	11166 11.	, 14d.
4A. BURIAL CREMATION, 24B. DATE 24C. REMOVAL (Specily)	NAME of CEMETERY of C	REMATORY 24D. LC	CATION (City,	town, or county) (Stote)
Burial 8 26 67	Loudon Park		Do7+0 1/2	
	E OF REGISTRAR	25C. FUNERAL DIRECTOR	Balto. Md.	ADDRESS
AUG 2 4 1967 R.P.	A. O. Tan O41		3.0	
AUU & 4 130/1: ()(1)	ento Con Vetalocut	Mc Colly	130	E. Fort Ave
VE 160 REV 1/1/45				



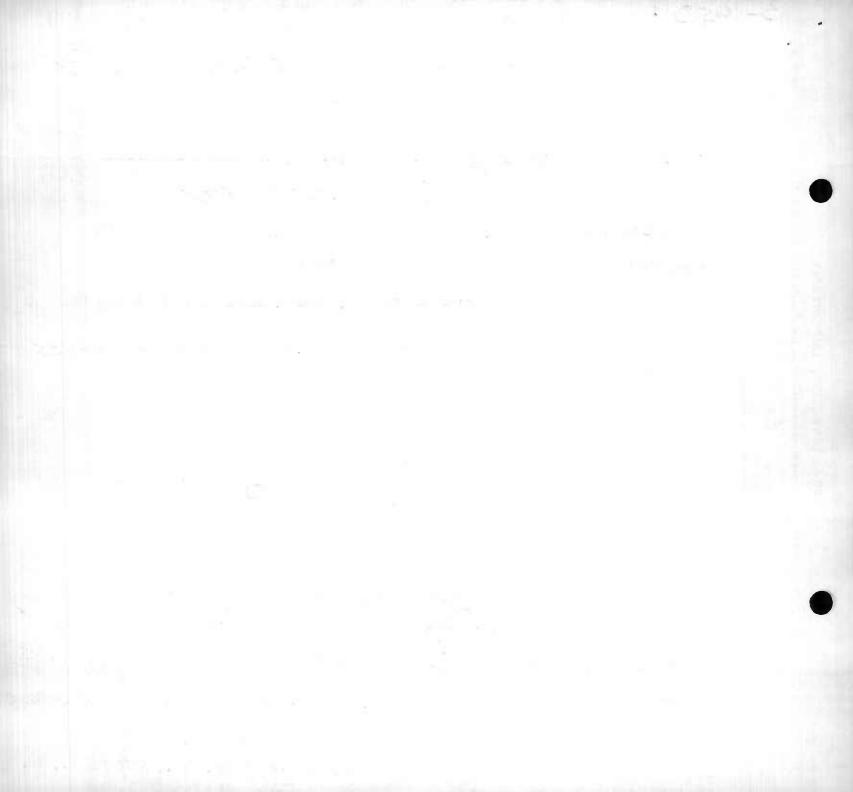


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DIRECTOR:

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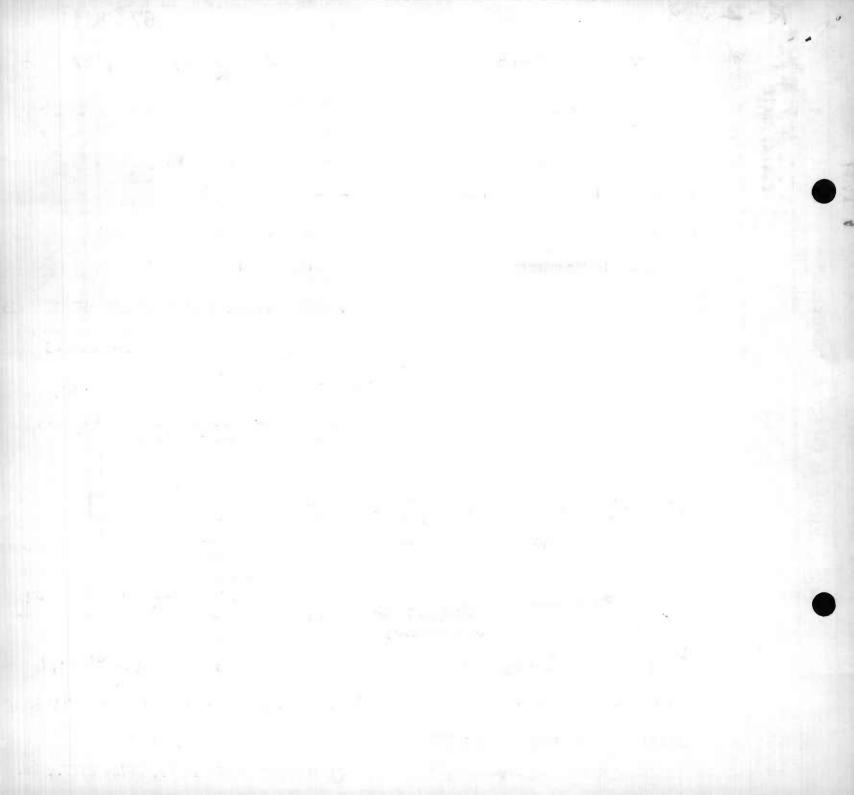


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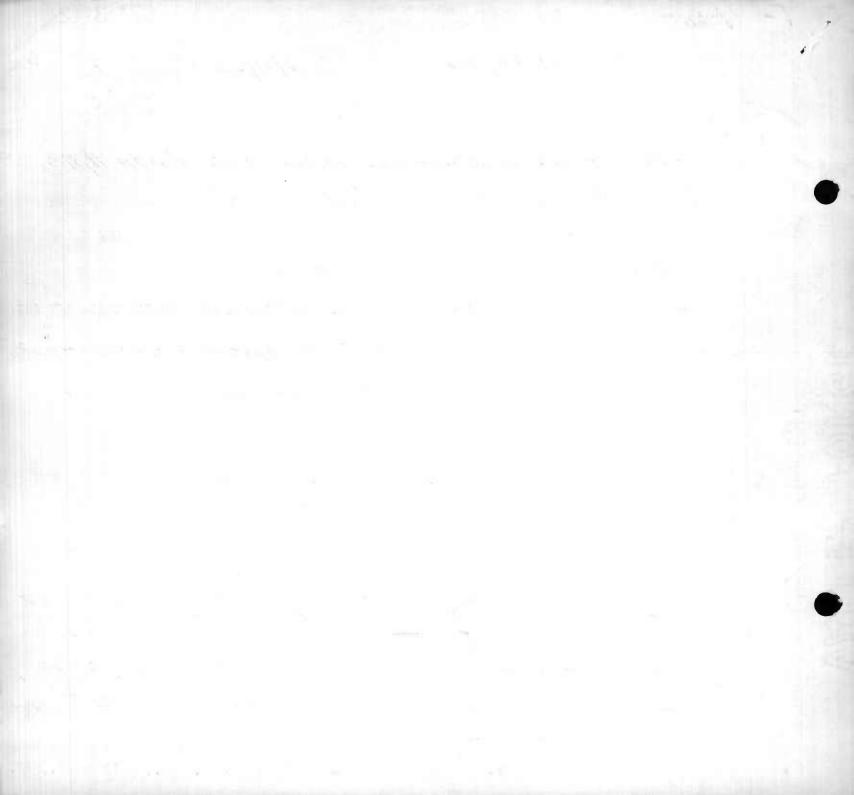
F H	FULL NAME O HOSPITAL OR NSTITUTION	oddress or locotic	or institution, g		4. USUAL RESIDENCE (WI A. STATE B. COL MARY LAN C. CITY OR TOWN (III OF BALTIMO?	DO Dutside city limits, write	institution: residence before admis
L 5. S		DALE A	7. MARRIED,	NEVER MARRIED	B. DATE OF BIRTH		6 Albess Ct. Apt
	F	W	WIDOWED	DOW (specify)	HATANAMIANAMIA	Inst birthdoy)	Months Doys Hours M
done	during most of	working life, even if retired)		BUSINESS OR INDUSTR	11. BIRTHPLACE (Stole or fo	Latvia	12. CITIZEN OF WHAT COUNTRY?
		^{re} Housewife				AME	
15. V (Yes	Was Deceased	COSENDETO Ever in U. S. Armed Fo (If yes, give wor or dot	rces?	1 6. SOCIAL SECURITY NO.	17. INFORMANIAEL	?	ADDRESS
	No. 18. 4	GE OR CONDITION DI		212-18-4002 CAUSE		ssom 6 Alba	CAS COURT ANT #1 INTERVAL BETWEEN ONSET AND DEATH
	heort foilure,	LEADING TO DEATH tol meon the mode of osthenio, etc. Il meon:	dying, e.g., the diseose,	DUE TO	ERIOSCLE ROTIC		
NOI	DISEASES Crise to the UNDERLYING	nol meon the mode of osthenio, etc. Il meon: opticotion which coused ANTECEDENT CAUSES OR CONDITIONS, if a above couse (A) G CONDITION lost.	dying, e.g., s the diseose, d deoth.) ony, giving stoling the	(B) APC DUE TO	TEPHOSCLER DELMONIA STRIC WLC	20913	yes J days
ATIO	DISEASES (tise to the UNDERLYING OTHER SIGNITO THE D	osthenio, etc. II meons policotion which coused ANTECEDENT CAUSES OR CONDITIONS, if a above couse (A) G CONDITION lost.	dying, e.g., s the diseose, d deoth.) ony, giving stoling the CONTRIBUTING ATED TO THE	(B) APC DUE TO	TEPLOSCLER	20913 ER No) 208. 1F YES, WER	
AL CERTIFICATIO	DISEASES Crise to the UNDERLYING OTHER SIGNITO THE DDISEASE OR 19A. DATE OF OR CONTRIBLE	osthenio, etc. II meons policotion which coused ANTECEDENT CAUSES OR CONDITIONS, if a above couse (A) G CONDITION lost.	dying, e.g., s the diseose, d deoth.) ony, giving stoling the CONTRIBUTING ATED TO THE IT. NOTION FOR WIFORMED	(B) AP' (B) DUE TO (C) PA (HICH OPERATION	TERIOSCLER DELMONIA BTRIC WCC	ER No) 20B. IF YES, WER IN CERTIFYING C	yrs J days
MEDICAL CERTIFICATIO	DISEASES Crise to the UNDERLYING OTHER SIGNITO THE DDISEASE OR 19A. DATE OF OR CONTRIBLE	TO I MEON THE MODE OF OSTINETING TO CAUSE OF TWAS UNDERLYING TO USE OF THE CONDITION CAUSE OF TWAS PER CONDITION CAUSE OF TWAS UNDERLYING TO CAUSE OF THE CONDITION CAUSE OF TWAS UNDERLYING TO CAUSE OF THE CONDITION CAUSE OF TWAS UNDERLYING CAUSE OF	dying, e.g., she diseose, dideolh.) ony, giving sloling the CONTRIBUTING ATED TO THE IT. NOTION FOR WIFORMED 218. home etc.)	(B) APONTO TO T	TEPLOSCLER DELMON'A BTRIC WLC 20A. AUTOPSY? (Yes or I	208/8 No) 20B. IF YES, WER IN CERTIFYING C	yrs J days E FINDINGS CONSIDERED CAUSES OF DEATH?
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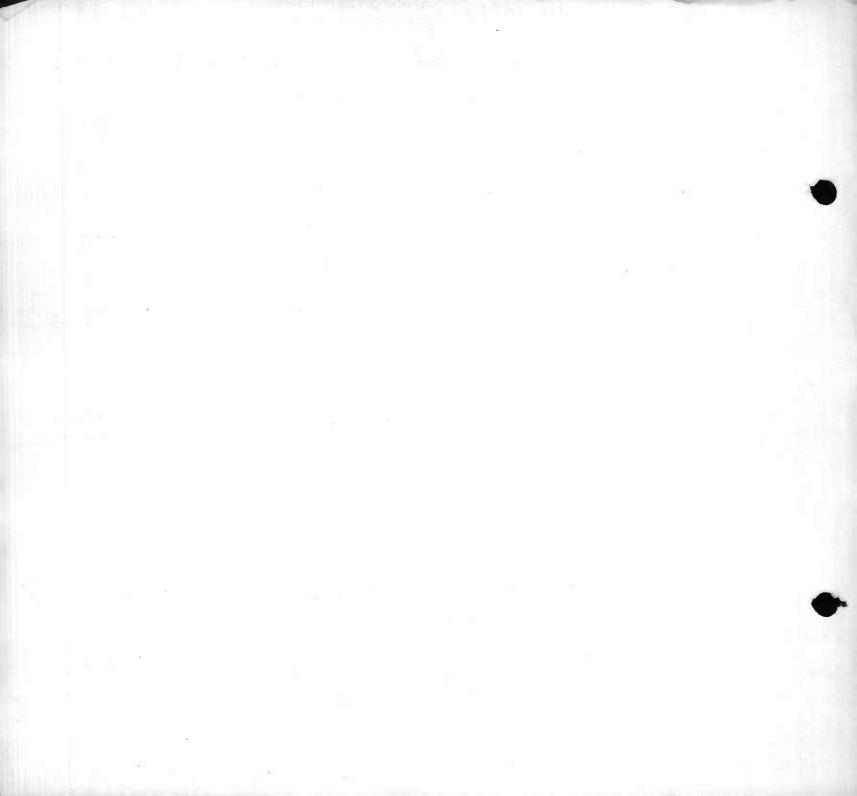
BALTIMORE CITY HEALTH DEPARTMENT



ALE CASH NO. NAME OF DEATH IN SALIMONE MARKENDO APPRIATE OF PAINT	ASCENSIA MO- ASCENSIA MO- PLACE OF DEATH IN BALIMONIA, MARTIAND PLACE OF DEATH IN BALIMONIA, MARTIMONIA, MARTIAND PLACE OF DEATH IN BALIMONIA, MARTIAND PLACE OF DEATH IN	NAME OF DECEASED Appe or Print) Samuel Ti	CERTIFICA	ALE OF DEATH	istered No.
FLICE OF DEATH IN SALTIMORE MARYLAND FULL NAME OF MODIFICAL OR (If not in hospital or institution, give sheet odders or locotion) FULL NAME OF MODIFICAL OR (If not in hospital or institution, give sheet odders or locotion) FULL NAME OF MODIFICAL OR (If not in hospital or institution, give sheet odders or locotion) FULL NAME OF MODIFICAL OR (If not in hospital or institution, give sheet odders or locotion) FULL NAME OF MODIFICAL OR (If not in hospital or institution, give sheet odders or locotion) FULL NAME OF MODIFICAL OR (If not in hospital or institution, give sheet of modifical or institution, give sheet of modifical or institution, give sheet of sheet or sheet	PLACE OF DEATH IN NALIMONE, MARKEAND FULL NAME OF OIL rate in hospital or institution, give abeet odders or accident of the property of the p	Jamuel 1			
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SECURITY NO. 10. SACE 10. MARRIED, NEVER MARRIED 10. MARRIED, NEW MARRIED 10. MARRIED, NEVER MARRIED 10. MARR	SEX ORACE P. MARKED, NEVER MARKED M. DAGE OF BRITING D. DAGE OF BRITING L. DAGE OF BRITING D. WHAT COUNTRY LEADING TO BEATH CAUSE OF DEATH D. DAGE OF BRITING D. SOCIAL SECURITY NO. D. SAGE OF CONDITION DIRECTLY LEADING TO DEATH LITHIS does not almost the made of dying, e.g., head foliuse, calbening, etc. II means the disease, mijury or completione which coused doeshill, and provided the decase of the	HOSPITAL OR oddress or location)	ution, give street	MARYLAND	limits, write RURAL and give township)
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AD A SUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BITHPLACE (Stote or loveling file, even if refired) 17. APRIL 11. BITHPLACE (Stote or loveling Countly) 18. FATHES NAME 14. MOTHERS MAIDEN NAME 15. SOCIAL SECURIT NO. 16. SOCIAL SECURIT NO. 17. INFORMANT 18. ADDRESS 18. ADDRESS 18. ADDRESS 19. ADDRESS 19	MODNED, DIVORCED (specify) A SUAL OCCUPATION (Give kind of working) TATLOR TATLOR SHOP SHOP SHAPPING (Siedle or loreign clandly) SHAPPING (Siedle or loreign clandly) TATLOR SHAPPING (Siedle or loreign clandly) SH	יוחווקלטוו ונוייי	I WHIIIMOME AND		
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4A. BURIAL CREMATION, 124B. DATE 124C, NAME of CEMETERY of CREMATORY 124D. LOCATION (City, Name of CRIMATOR) (S)	REMOVAL (Specily) RIPTAI 8/22/67 RNAT TSPAFI RAITTMOPE MADVIAND	19A. DATE OF OPERATION 198. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medicol exominer) 21D. TIME (Month) (Day) (Year) (Hour OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attention that (I) (II) lost saw the deceased alive and hour and fram the causes stated about 23A. SIGNATURE	218 PLACE OF INJURY (e.g., home, lorm, foctory, street, etc.) 21E INJURY OCCURRED While At Not White At Work At Work At Work At Work At Work M.D. At Ph	in or obout 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19	(II in Boltimore City, give exact location) CCUR? To
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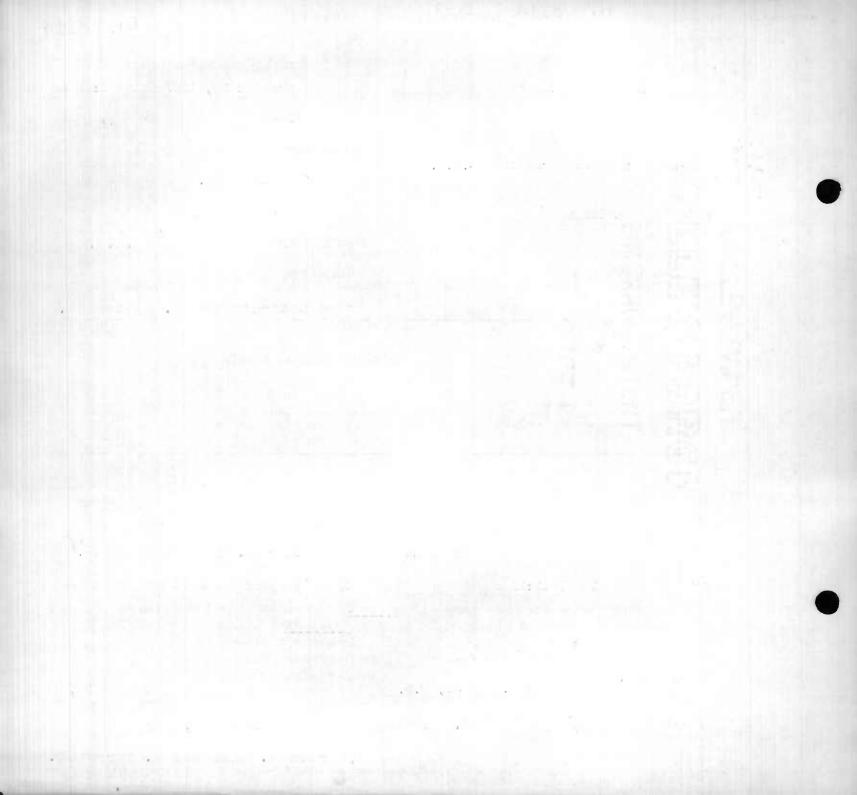
				CERTIFIC				
	CASE NO.	CEASED			2. DATE	AND HOUR OF DEAT	Н	
тур	e or Print)	Ma	ggie	Truxon	Au	gust 21,1967	7:00 A.	
3. PI	ULL NAME OF (If not in hospital or institution, give street address or location)			4. USUAL RESIDENCE (4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admis A. STATE B. COUNTY			
H				Maryland	Foutside city limits write	RURAL ond give township)		
IN	NSTITUTION				Baltimore			
0					D. STREET ADDRESS	(If rurol, give leation)		
	666	Melvin Drive			666 Melvin	Drive		
5. SI		6. RACE	7. MARRIED	, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr If Under	
	F.	C.	W.	D, DIVORCED (specify)	2/3/98	lost birthdoy)	Months Doys Hours	
		UPATION (Give kind of worl working life, even if retired)	10 B. KIND O	F BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stote or	foreign country)	12. CITIZEN OF WHAT COUNTRY?	
20114	House				Maryland			
13. F	ATHER'S NA		1		14. MOTHER'S MAIDEN	NAME	U.S.A.	
	-							
	Thomas	A. Queen			Anna Jac	kson		
Yes,	vos Deceases no or unknow	d Ever in U. S. Armed For n)(If yes, give wor or dote	rces? es of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
				216-10-647	O Sarah E Con	ant 306 Penn	42	
	18.	6 7 VI			OF DEATH	TIO JOO FEITH	INTERVAL BETWI	
	/ /	SE OR CONDITION DI	ACCT! Y	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	lespirator	1	ONSET AND DE	
		ANTECEDENT CAUSES		(B) DUEUJO	empoy, a	<i>V</i>		
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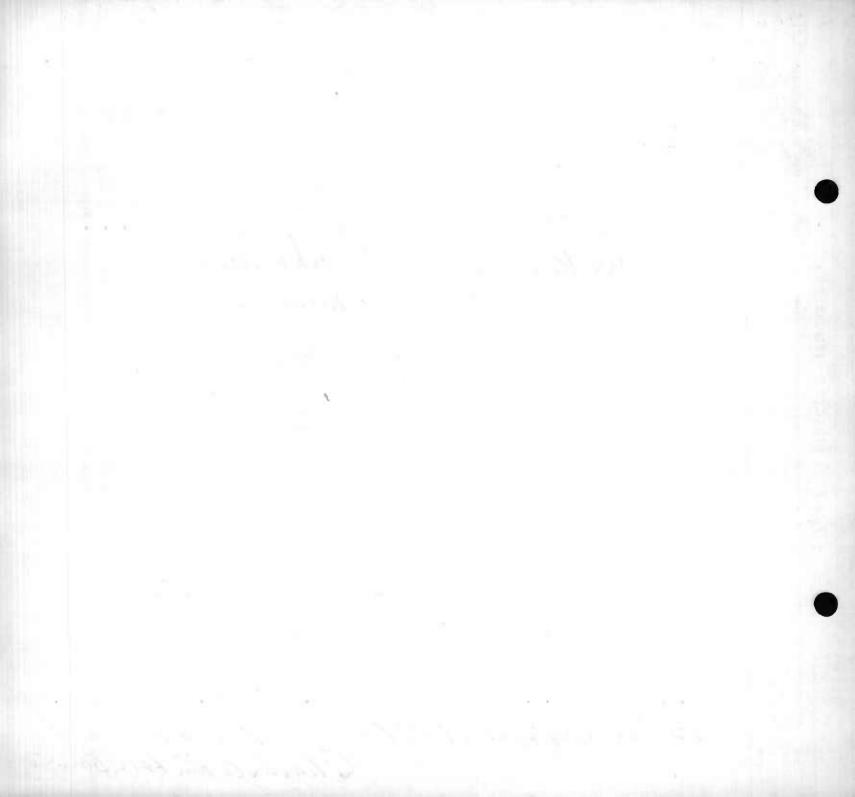
8114

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

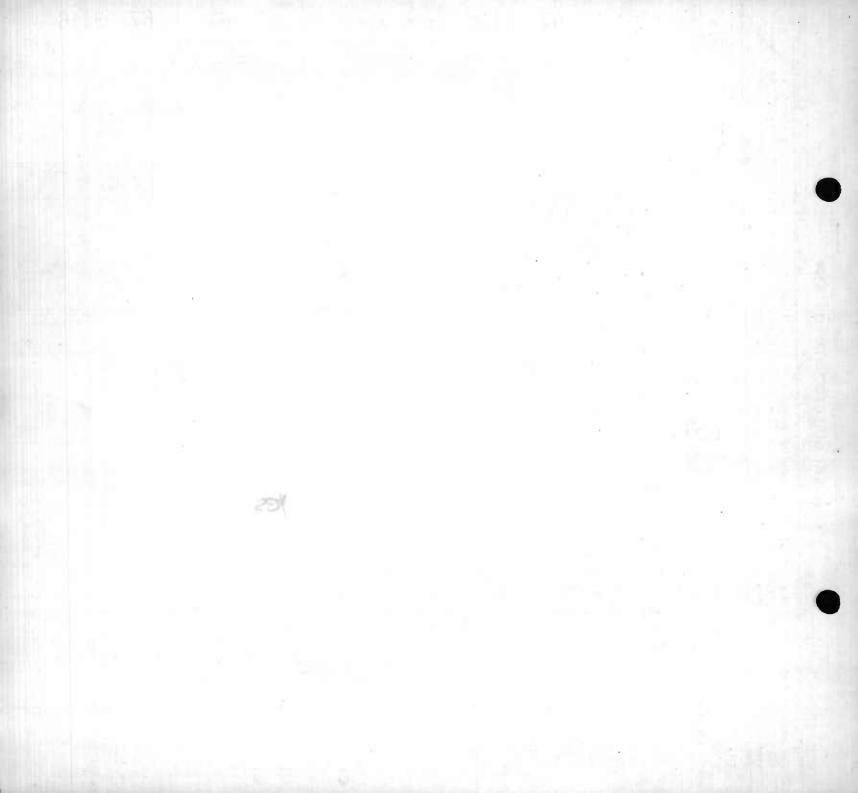
A.E. CASE NO.		
NAME OF DECEASED Type or Print)		2. DATE AND HOUR PRONOUNCED DEAD
LAWRENCE ROB	INSON	August 20, 1967 1:08 a A
PLACE IN BALTIMORE, MARYLAND, V	VHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Whore decoosed lived, if institution: residence before admission A. STATE B. COUNTY
ULL NAME OF (IF NOT IN HOSPIT	TAL OR INSTITUTION, GIVE STREET	Maryland
OSPITAL OR ADDRESS OR LOC	ATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give fown hip)
		Baltimore
Franklin Square H	ospital D.O.A.	D. STREET ADDRESS (If rurol, give locotion)
		1324 Harlem Ave.
. SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 H Months, Doys, Hours, Min
Male Colored		1932 35
OA, USUAL OCCUPATION (Give kind of wo		RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
one during most of working life, even if retired)		South Carolina U.S.A.
FATHER'S NAME		14. MOTHER'S MAIDEN NAME
Unknown		Unknown
S. WAS DECEASED EVER IN U.S. ARME		17. INFORMANT ADDRESS
es, no orunknown) (If yes, givo wor or dot	es of service) SECURITY NO.	Debra Robinson 420 N. Hilton St.
18 O L= / X	CAUS	SE OF DEATH INTERVAL BETWEEN
781/1		ONSET AND DEAT
DISEASE OF CONDITION D LEADING TO DEAT	RECTLY	
	f dving 8-9-	ltiple gunshot wounds
(This does not meen the mode o hoort foilure, esthenic, etc. It meen injury or complication which coused	s me disease,	
	deom,)	
ANTECEDENT CAUSE	ES (B)	
ANTECEDENT CAUSE DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) S	ES (B)	
ANTECEDENT CAUSE DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) S UNDERLYING CONDITION LAST.	ES (B)	
ANTECEDENT CAUSE DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) S UNDERLYING CONDITION LAST.	ES (B)	
ANTECEDENT CAUSE DISEASES OR CONDITIONS, IF I	ES ANY, GIVING DUE TO STATING THE (C)	
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ANTECEDENT CAUSE DISEASES OR CONDITIONS, IF I	ES ANY, GIVING STATING THE (C)	20A. AUTOPSY? (Yes or No) 208. IF YES WERE FINDINGS CONSIDERED
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BIRT	тн но. 67 8	115	TE OF DEATH	Registered No	67 8115
1. N	E CASE NO. JAME OF DECEASED OF OF Print Sullivan, Annie			8-67	5:30 pm.
0	FULL NAME OF (If not in hospitol or institution) HOSPITAL OR oddress or location! NSTITUTION BAT-Wil-Ba Convalesce 2102 W. Coldspring La	ution, give street	c. City or town (if Baltimore) D. Street Address	outside city limits, write 7 If rurol, give location)	institution: residence before admission)
5. \$	Baltimore, Maryland 6.RACE 7. MA Negro 7. MA	RRIED, NEVER MARRIED OWED, DIVORCED (specify)	B. DATE OF BIRTH 8-15-84	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	. USUAL OCCUPATION (Give kind of work 108, KII e during most of working lite, even if refired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or fo	reign country)	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13.	FATHERS NAME WWKno	7/21	14. MOTHER'S MAIDEN N	AME	
	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or dotes of ser	16 SOCIAL	17. INFORMANT Record		ADDRESS
NOIL	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, heart foilure, asthenia, etc. It means the disinjury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the above cause (A) stoling UNDERLYING CONDITION lost.	giving Ihe (C)	xioscleratic		
CERTIFICATION	DISEASE OR CONDITION CAUSING IT. 19A.DATE OF OPERATION WAS PERFORMED		20 A. AUTOPSY? (Yes or	No. 208. IF YES, WERI	E FINDINGS CONSIDERED AUSES OF DEATH?
CAL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	or obout 21C. WHERE DID	(If in Boltime	ore City, give exoct locotion)
MEDIC	21D. TIME (Month) (Doy) (Year) (Hourl OF INJURY (APPROX.)	21E, INJURY OCCURRED While At Not While Work Not Work	21F. HOW DID II		
	22. I certify that (I) (this hospital) attention (I) (we) lost sow the deceased alive and hour and from the causes stated about 23A. SIGNATURE CR. Campbell 23C. PHYSICIANS	e on 8-17- ve. (I) (We) (did) (did not) v M.D. Atte Phy:	iew the body ofter death		plnion death occurred on the date
244	C.R. Campbell, M.D. Burial Cremation, 248. Date REMOVAL (Specify)	M.D.	16 18 W. Nor		altimore, Md.
25A	Burial 8/24/67	MM (all	250. SUNERAL DIRECT	Brook	Cyne Mol Lecus Barre &
V.	150-BEV 1/1/65	(100)	masu	N. M. Muce	001111

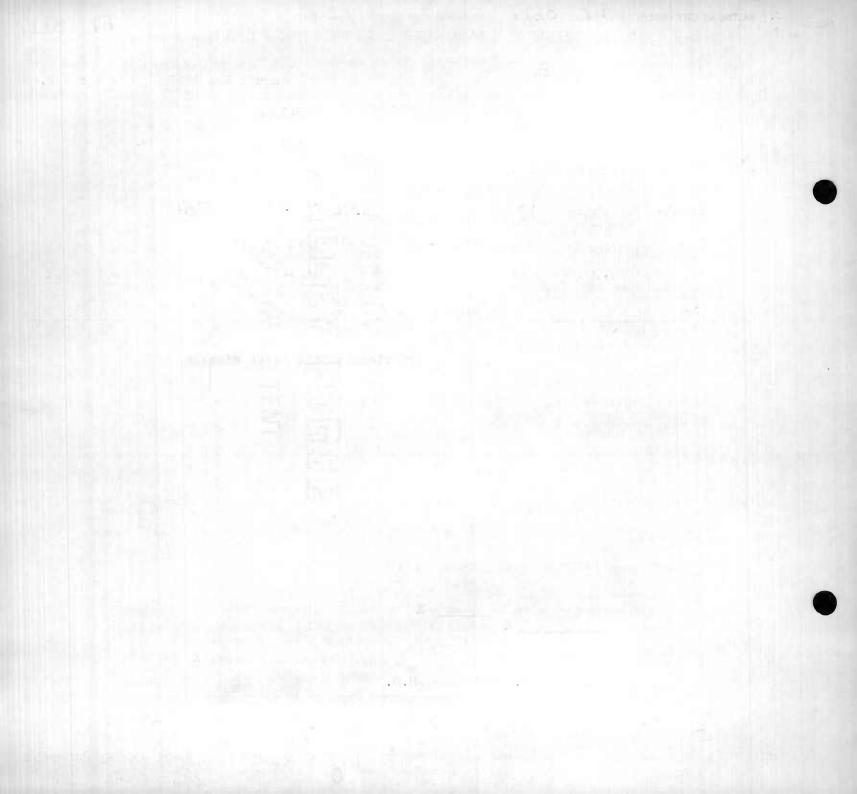


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PL	ACE OF DE	ATH IN BALTIMORE, MA	KILAND		A. STATE B. COUN	TY	Mistitution: residence belore odmis
H	JLL NAME (or institution,	give street	C. CITY OR TOWN (II ou	teide city limits write	RURAL and give township)
0	ISTITUTION		- 201	11 2012 11000	A A .		
	DNIVE	RSITY OF	MHKI	The BODY			
					2644 B. DATE OF BIRTH	EDMONE	DSON AVE.
SE			WIOOWE	O, DIVORCEO (specify)	B. DATE OF BIRTH	9. AGE (In years last birthday)	Months Ooys Hours Mi
41	m	NE 6 RO	NEV	ER MARRIET	1)25/67		12. CITIZEN OF
		working lile, even if retired)	IOB, KIND O	ROZINEZZ OK INCOZIKI			WHAT COUNTRY?
	INFA ATHERS NA	MT			MARYLAN		USA
J. F					14. MOTHER'S MAIDEN NA		2 1 - 1
		U MAXU		11.7. 400:11		U DAK	
es,	no or unknow	d Ever in U. S. Armed Fare n) (If yes, give war or date	s of service)	SECURITY NO.	17. INFORMANT		ADDRESS
_	NO			NONE	HOSPITH DE DEATH	L 0H1	PRT
1		816		CAUSE	OF DEATH		ONSET AND DEATH
	DISEA	SE OR CONDITION DIR	RECTLY	-V F	POHER- COLL	1410 CVA	IN 9 DAY
		nal mean the made of			HUT FIF	7/03	Andrew Land Control of the Control o
		, asthenia, etc. It means mplicotian which coused					
		ANTECEDENT CAUSES		(8)		**********************	
		OR CONDITIONS, if	any, giving	DUE TO		***************************************	······································
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	iise la lh	OR CONDITIONS, ii	any, giving				
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ATION	OTHER SIGN TO THE E	OR CONDITIONS, ii the above couse (A) is CONDITION iast. II III CONDITIONS CODEATH BUT NOT RELATE CONDITION CAUSING I	ONTRIBUTING THE TO THE TRUE TRUE THE TRUE TH	(C)	- 44)) 20B. IF YES, WERE	E FINDINGS CONSIDERED AUSES OF DEATH?
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MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67, 8117

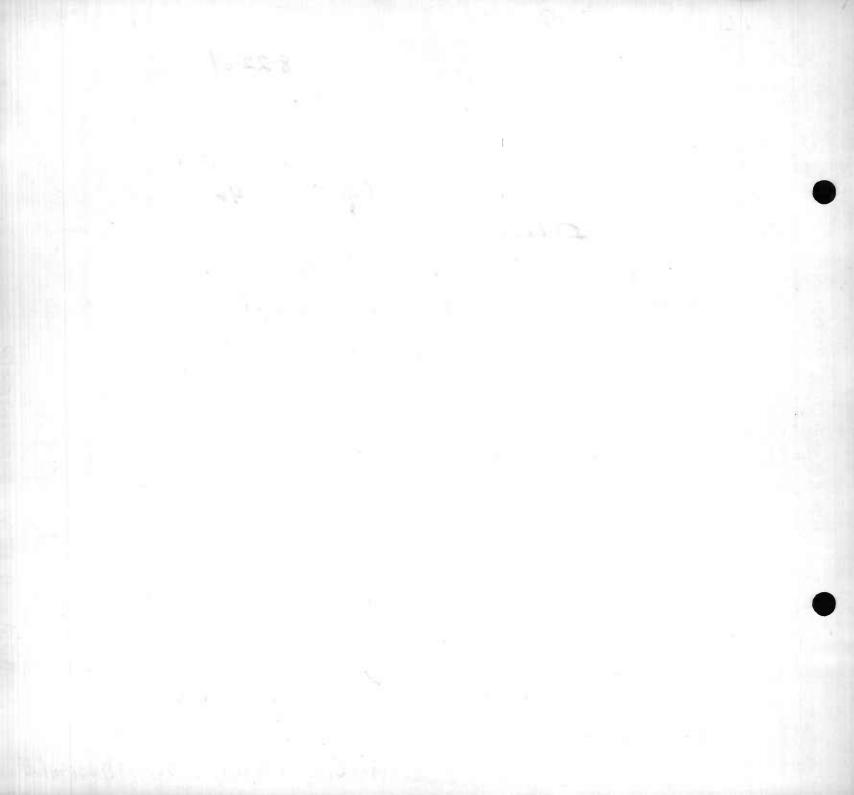
MICH NO.	AL LAAMIIIYER 3 CI	EXTINCATE OF DEATH Reg	Talleted Hos
M.E. CASE NO.			11000
	COOK	2. DATE AND HOUR PRONOU August 23, 196	
HOSPITAL OR ADDRESS OR LOCATIO	OR INSTITUTION, GIVE STREET	A. STATE Maryland C. CITY OR TOWN (If outside corporate limits,	COUNTY
2738 Harford Road		Baltimore D. STREET ADDRESS (If rurol, give locotion)	4-01
		2738 Harford Road	
Female White N 10A. USUAL OCCUPATION (Give kind of work 10B done during most of working life, even if retired)	MARRIED, NEVER MARRIED DOWED, DIVORCED(Specify) EVER MARRIED KIND OF BUSINESS OR INDUSTRY ALL RUAD	B. DATE OF BIRTH APRIL 19, 1892 11. BIRTHPLACE (State or foreign country) MARY LAND 14. MOTHER'S MAIDEN NAME	ors If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min. 12. CITIZEN OF WHAT COUNTRY?
15. WAS DECEASED EVER IN U.S. ARMED FO (Yes, no or unknown) (If yes, give wor or dotes of	RCES? 16. SOCIAL	LAURA LAST NI 17. INFORMANT FRANCIS HA	AME UNKNOWN ADDRESS RFORD RD. LTO.MO.ZIZI8
DISEASE OR CONDITION DIRECT LEADING TO DEATH	TLY (A) Arteri	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
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UNDERLYING OR CONTRIB-	home, form, factory, street, o	office bldg., NJURY OCCUR?	, gre exact tections
OF INJURY (APPROX.)	WHILE AT NOT WORK AT W	21F, HOW DID INJURY OCCUR? WHILE ORK	
22. I certify that I held on Inquestignature EXAMINER'S NAME (Type) I certify that I held on Inquestignature ACTUAL SIGNATURE EXAMINER'S NAME (Type)	s X Accident Suicid	CHIEF MEDICAL EXAMINER	
23A, BURIAL CREMATION, 238, DATE REMOVAL (Specify)	23C. NAME of CEMETERY o	OGE CEM. BALTO.	City, town, or county) (Stote)
BURIAL 8-25-0 24A. DATE REC'D BY HEALTH PEPT. AUG 24 1967	AR NAME OF REGISTRAR	24C. FUNERAL DIRECTOR W.FIALKOWSKI 200	ADDRESS
VS 151-REV. 1/1/65	9 6 7 0 0	O G I O GA	LTO, MD, 21231



IMPORTANT

DIRECTOR:

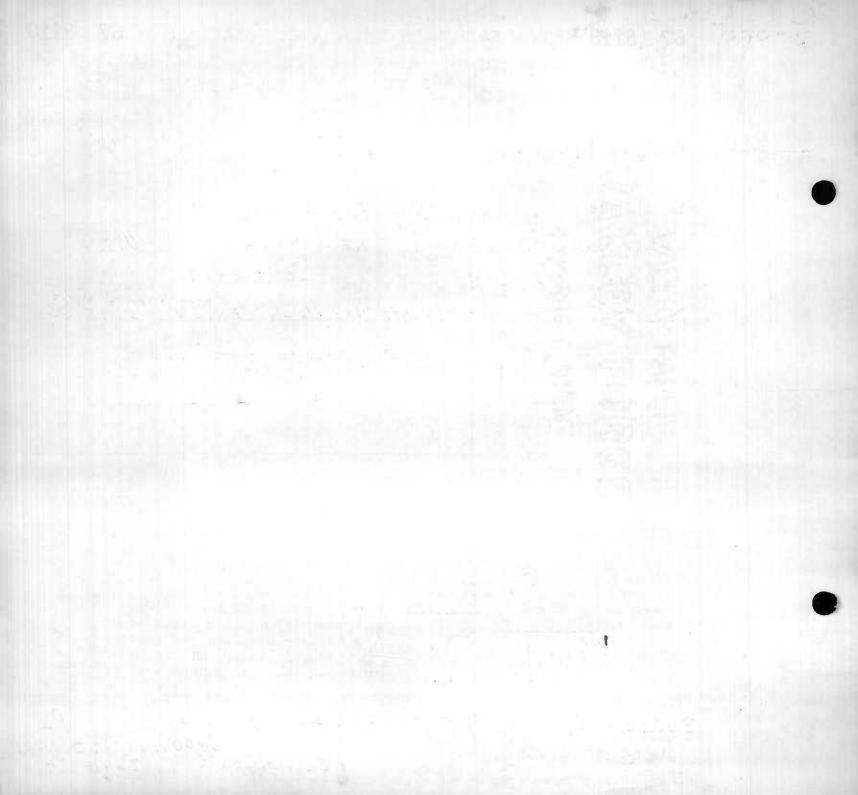
FUNERAL



BALTIMORE CITY HEALTH DEPARTMENT 8119 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 5 M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD ARNOLD **JENSEN** August 22, 1967 12:45 P.M. 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE
B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD Maryland (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF C. CITY OR TOWN (If autside corparate limits, write RURAL and give township) INSTITUTION University Hospital (DOA) D. STREET ADDRESS (If rurol, give locotion) 2601 Linwood Road 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 5. SEX 6. RACE 9. AGE (In years lost birthday) If Under 1 Yr. If Under 24 Hrs. WIDO WED, DIVORCED (specify) Manths, Doys, Hours, Min. White Male OF BUSINESS OR INDUSTRY 11. SIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of work TOB. KIND 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) SALES 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? SO CIAL 17. INFORMAN 2601LIN YYOUD (Yes, no ar unknawn), (If yes, give wor ar dates af service) SECURITY NO. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Arteriosclerotic and Hypertensive LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) XXXXX Cardiovascular Disease ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C).... CATION 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. CERTI 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES. WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? No 21B, PLACE OF INJURY (e.g., in ar obout 21C. WHERE DID (If in Boltimare City, give exoct lacotian) home, form, foctory, street, office bldg., INJURY OCCUR? 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 21D TIME 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE (APPROX.) WHILE AT m. WORK 22. Inspection X I certify that I held an Inquiry Autopsy ond that on this basis, death In my opinion rosulted fram: Natural causes 4 Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINER XX SIGNATURE 8/22/67 Werner U. Spitz, ASSOCIATE MEDICAL EXAMINER EXAMINER'S M.D. NAME (Type) 23A. BURIAL CREMATION, 232. NAME of CEMETERY or CREMATORY 23D. LOCATION (State) 23B, DATE (City, town, or caunty) REMOVAL (Specify)

VS 151-REV. 1/1/65

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K	-400		BALTIMORE CIT	Y HEALTH DEPARTMENT		00 00
7	70005	7.00	TH NO. 67 8120 CERTIFICA	ATE OF DEATH	Registered Na.	b/ 812U
7	al and death ceased on the	1. N	MAME OF DECEASED Melvin Rehal (Reichiell)	2. DATE /	and hour of death 22/67	9:50 PM
3	+ + 0 -	3. 1	PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (WI	nere deceased lived. If in	nstitution: residence before admission)
1	se o (5) D ance deat		FULL NAME OF (If not in haspital or institution, give street	MARYLAND		
K	_ 2 C	5	HOSPITAL OR oddress or location) INSTITUTION	BALTIMORE	outside city limits, write	RURAL and give Johnship)
	l in a ng ca cause cause aften	PT	he Johns Hopkins Hospital		If rural, give location)	100
	0			816 NORTH	KENWOOD A	VENUE 21205
	F 3 9 8 P	5. 5	SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH	9, AGE (In years last birthday)	If Under 1 Yr, If Under 24 Hrs. Months: Doys Hours Min,
	occur ontrib ermin regul eased is ma		MALE WHITE NEVER MARRIED	7-28-03 Y 11. BIRTHPLACE (State or fo		
	th con	don	N. USUAL OCCUPATION (Give kind of work) 108, KIND OF BUSINESS OR INDUSTRY to during most of working life, even if retired)	Y 11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
	dea Und as i		J.S. Govt. Printing Office	Md.	A 1 4 F	U.S.A.
	if dea rect or (4) Und was the d	13.				
Z	tant e dir nd; (eath e on	15.	Was Deceased Ever in U. S. Armed Forces? Sono or unknown) (If yes, give wor or dotes of service) SECURITY NO.	PATHERINE 17. INFORMANT	BLUM	ADDRESS
T Y	ssistant the di kind; death nce on final di	12.2		100 174 -2 - 0	D. 1 D	
IMPORTAN	f f		Tes CAUSE C	Miss Viola C.	Kenal sam	INTERVAL BETWEEN
P	Also, is of armounce attend	1	DISEASE OR CONDITION DIRECTLY	The second second		ONSET AND DEATH
~	Als nou att		LEADING TO DEATH (This daes not meon the mode of dying, e.g., OUE TO	m Negative Seps	is with Meni	ngitis 48 hours
ä	iner or his class. iacture of an pronounce ular attend on mbalmed or		heart foilure, osthenia, etc. It means the disease,		1- Dunk Chan	e 48 hours
ō			ANTECEDENT CAUSES (B) DUE TO	sible Common Bi	Te Andr 2 con	e 40 Hours
<u> </u>	X 0 3		DISEASES OR CONDITIONS, if any, giving			
DIRECTOR	ale (3) an in		rise to the above couse (A) stoling the (C) UNDERLYING CONDITION last.		**************************************	· · · · · · · · · · · · · · · · · · ·
_	medical medical burns; physicia an was	Z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
RA	ef medy by by by cian	ATIO	TO THE DEATH BUT NOT RELATED TO THE NOTE			
FUNER	ir o o di	ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or)	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
5		U	an actionistic of a contract of the contract o	YES	(If in Baltimore	e City, give exact lacation)
	== 0 0 0	AL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) hame, farm, factory, street, etc.)	office bldg., INJURY OCCUR?		
	2 5 5 C D		210. TIME (Manth) (Day) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID IN	IJURY OCCUR?	
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	pro the ny exc an		22. I certify that (I) (this hospital) attended the deceased from		1967 to 8/	22 19 67
	to ap of a l (al (be be		that (1) (we) lost saw the deceased alive an 8/22	19 67 and	that in (xx) (aur) api	nion death accurred an the date
	dent of death)		and hour and from the couses stated above. (1) (We) (did) (did nat)	view the bady after deoth	•	
	must eleas ccide hos to de al mu			tending Med.	Staff Phys.	8/22/67
	a la		23C. PHYSICIAN'S NAME (Type) Inho Re Stone	23D. ADDRESS		
	was rel was rel A at a prior to		NAME (Type) John R. Stone M.D.	Johns	Hopkins Hos	pital
	キャラのです	24.0	A. BURNAL CREMATION, 248. DATE 24C. NAME of CEMETERY of CR	REMATORY 24D.	LOCATION (C	ity, town, or county) (State)
	his certifue body hows: (1) vas D.O. eceased		Burilk 8/26/67 Holy Redeemer Co	em.	Balto. Md.	
	This cer the bod shows: was D.(decease	25A	A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C. FUNERAL DIRECTO) R	ADDRESS
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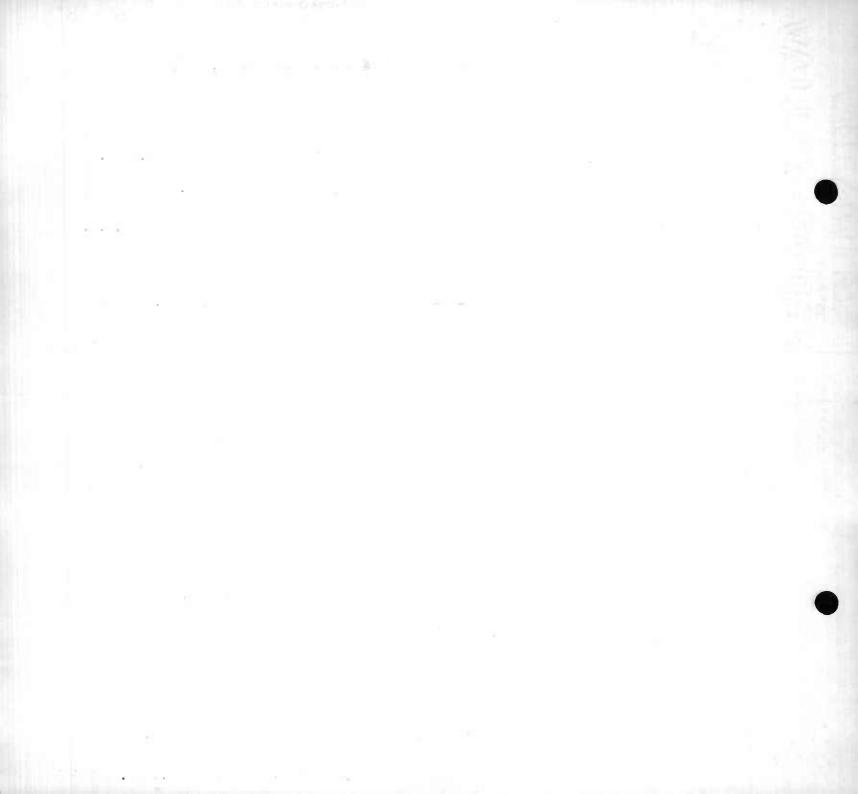
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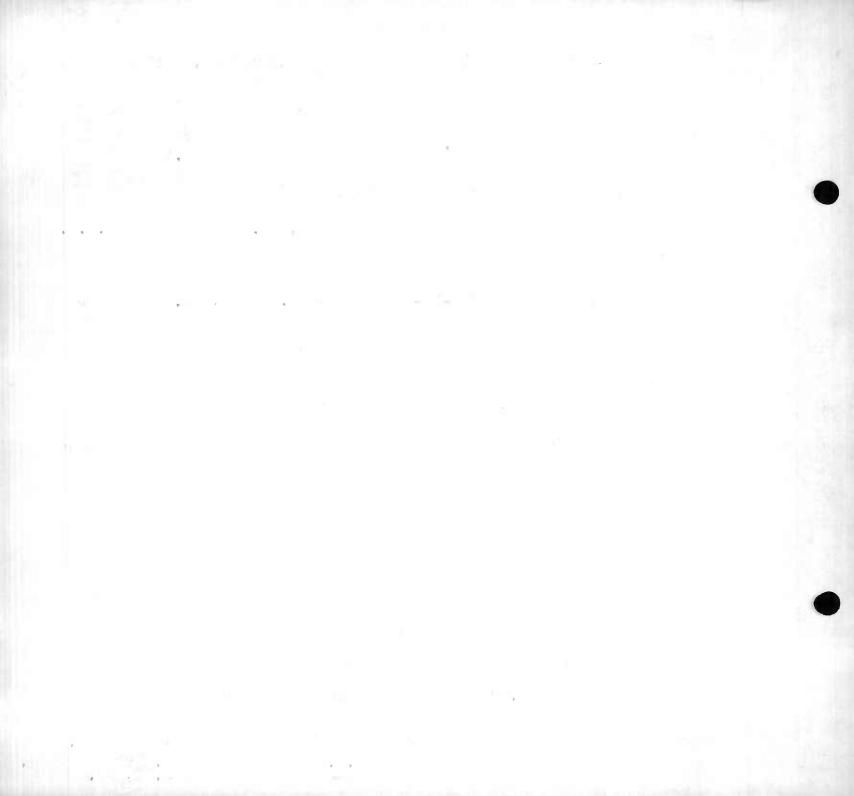
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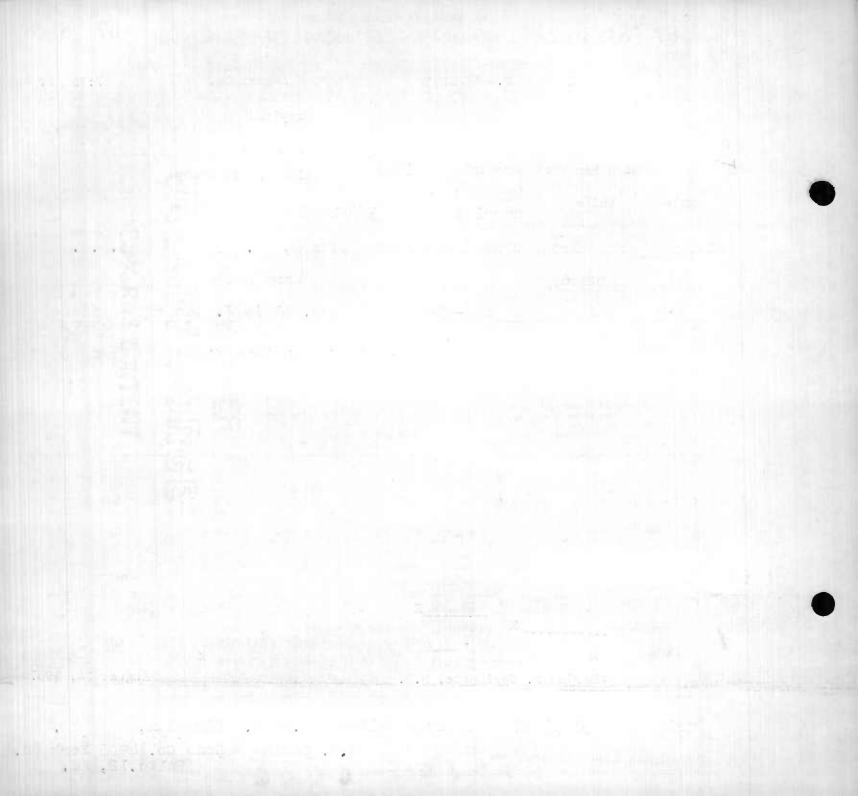
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1. NAME OF DI					D HOUR OF DEATH	
,,,		tha Jane	Smith	Augu	st 22, 19	67 6:45 A. stitution: residence before admission
3. PLACE OF E	EATH IN BALTIA	AORE MARYLAND		A. STATE B. COUN	e deceased lived. II in TY	stitution: residence before admissio
FULL NAME		n hospitol or institutio	n, give street	Maryland		
HOSPITAL O		or location)		C. CITY OR TOWN (If outs		RURAL ond give township
SA	1.1.01	7 1.7	3 ^	Baltimore D. STREET ADDRESS (If	urol, give location)	9-11
10	440	7 Wrenwood	Ave.	4407 Wrenw		
5. SEX	6. RACE		ED, NEVER MARRIED	B. DATE OF BIRTH	, AGE (In years	If Under 1 Yr. If Under 24 H Months: Doys Hours Min.
म	W		ved, DIVORCED (specify) Married	12/12/1896	ost birthday) 70	Months Doys Hours Min.
IOA. USUAL OC	CUPATION (Give	kind of work 108, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foroig	1 -	12. CITIZEN OF WHAT COUNTRY?
House	of working life, ever		Home	Houma, La.		U.S.A.
3. FATHER'S N		OWII	TIOMO	14. MOTHER'S MAIDEN NAM	N E	0,000
Charl	es Berge	er		Nancy Davis		
5. Wos Deceos	ed Ever in U. S.	Armod Forces?	16. SOCIAL	17. INFORMANT		ADDRESS
(Yos, no or unkno No	wn) (If yes, give	war or dotes of service		Severn T. Sm	ith Sh	(Same)
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V\$ 151-REV. 1/1/65

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3.	PLACE IN BA	LIIMORE MARILAND, W	HERE PRONOUNCED DEAD		NCE (Where deceased lived, If in	OUNTY	idence betore damission
Н	JLL NAME OF	ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET		aryland N (If outside corporate limits, w	rite RURAL o	and give township)
IN	ISTITUTION			R	altimore	-	27-34
-		Iluian Managia	1 11	D. STREET ADDR	ESS (If rural, give lacation)		
		Union Memoria	1 Hospital (DOA	1	307 Walker Aven y e		
S.	Male	White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married	3/8/1896	9. AGE (In year last birthday) 71		Days Hours Min.
		CUPATION (Give kind of world f working life, even if retired)	TOR KIND OF BUSINESS OR INDUSTRY			12. CITIZ	EN OF AT COUNTRY?
	lerk	Iron	Horse Restaurant	TOWSO	n. Md.		J.S.A.
3	FATHER'S NA	ME		14. MOTHER'S MA	IDEN NAME		
		Kennedy	***************************************	17 01000	Mary Murphy		
Y	es, no or unknow	(If yes, give war ar date	s of service) 16. SO CIAL SECURITY NO.	17. INFORMANT		ADDRES	5
	Yes	WWI	215-03-4680	A Mrs.	Elsie J. Kenr	nedy	(Same)
	18.	20,01	CAUSE	OF DEATH			INTERVAL BETWEEN
	DISE	ASE OR CONDITION DI	RECTLY	eriosclero	tic heart disease	e	
	(This does	not mean the made of e, asthenia, etc. It means	(A)	0120001010			
	injury or c	e, asthenia, etc. It means omplication which coused	the disease, death.)				
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VS 151-REV, 1/1/65

8124

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. O.

	2. DATE AND HOUR PRONOUNCED DEAD

M.E. CASE NO. I. NAME OF DECEASED (Type or Print) CLINTON KENDRICK August 18, 1967 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission)
A. STATE
B. COUNTY Maryland (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) INSTITUTION Baltimore D. STREET ADDRESS (If jurol, give location) Maryland General Hospital 2458 Callow Avenue 7. MARRIED, NEVER MARRIED 9. AGE (In years lost birthday) 5. SEX 6. RACE 8. DATE OF BIRTH If Under 1 Yi. If Under 24 His. WIDO WED, DIVORCED (specify) Months, Doys, Hours, Min. Marfied 6/5/03 Male Negro 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 2. CITIZEN OF done during most of working life, even if retired) WHAT COUNTRY? Laborer odd jobs Georgia 13, FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Louise Jackson Canton Kendricks 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SO CIAL ADDRESS (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. Patton, Columbus Ohio Mrs Ada CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH Bronchopneumonia complicating DISEASE OR CONDITION DIRECTLY LEADING TO DEATH multiple traumatic injuries (This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. FICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. CERTI 19A, DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION 20A, AUTOPSY? (Yes or No) |20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED Yes MEDICAL 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 21A. EXTERNAL CAUSE WAS (If in Boltimore City, give exoct location) UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. home 2458 Callow Avenue 21D TIME 21 F. HOW DID INJURY OCCUR? Fell over third 21E. INJURY OCCURRED (Month) (Doy) (Year) (Hous) OF INJURY (APPROX.) 6:00 P. WHILE AT NOT WHILE X 8-10-67 floor railing during altercation in hallway 22 Autopsy X I certify that I held an Inquiry Inspection ond that an this basis, death in my opinian Suicide resulted fram: Notural causes Accident Hamicide Undetermined monner X CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINER X SIGNATURE Charles S. Springate, M.D. ASSOCIATE MEDICAL EXAMINER EXAMINER'S August 18, 1967 NAME (Type) 23A, BURIAL CREMATION, 23B, DATE 23C. NAME of CEMETERY OF CREMATORY 23D. LOCATION (City, town, or county) REMOVAL (Specify) Burial Mt Auburn Cemetry Baltimore 24A. DATE REC'D BY HEALTH DEPT. 24B NAME OF REGISTRAR 24C. FUNERAL DIRECTOR ADDRESS Charles R. Law 802 Madison Avenue

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH Positional No.

BIRTH NO.	IAIE	DICAL E	VAMILLER 2 C	EKTIFICATE	OF DEATH Neg	Istered No.
M.E. CASE NO.						
Type or Print)	CEASED				ATE AND HOUR PRONO	JNCED DEAD
	ASTEIN ODE		Sebastien O	dend 'hal	August 22, 19	967 8:30 pm.
. PLACE IN BAL	TIMORE MARYLAND	, WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE A. STATE	(Where deceased lived. If B.	institution: residence before admission)
ULL NAME OF	(IF NOT IN HO	SPITAL OR INSTIT	UTION, GIVE STREET	Mary	land	
OSPITAL OR	ADDRESS OR L		onon, on a one	C. CITY OR TOWN	If outside corporate limits,	write RURAL and give township)
				Ва	ltimore	11101
218	Laurens Str	eet		D. STREET ADDRESS	(If rural, give location)	17
				218 Lau	rens Street	
. SEX	6. RACE		, NEVER MARRIED DIVORCED(specify)	B. DATE OF BIRTH	9. AGE (In yellost birthdoy)	eots If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.
Male	White	Divo:		Ana 20 10		Williams Doy's Troots Twin.
A. USUAL OCC		work TOB. KIND C	F BUSINESS OR INDUSTR	Aug 20.19	/ / /	12. CITIZEN OF
	working life, even if retir		00 1/3	W.a		WHAT COUNTRY?
FATHER'S NA	Auditor	State	Of Md	Md	N NAME	U.S.
Caba	-+4 03-					
	stien Ode		16. SOCIAL	Annette I	curaw.	ADDRESS
	n) (If yes, give wor or		SECURITY NO.			
no	no		212 01 585	Sebastie	n J. Odend	'hal. Oxon Hill, Md
1B.	1.0		CAUSI	OF DEATH		INTERVAL BETWEEN
DISEA	ASE OR CONDITION	DIRECTLY				ONSET AND DEATH
0.000	LEADING TO DE		(A) Fa	atty metamorp	hosis of live	r
(This does	not meon the mode e, asthenia, etc. II m	e of dying, e.g.,	DUE TO			***************************************
injury or co	emplication which cou	sed deoth.)				
	ANTECEDENT CA	1000				
	OR CONDITIONS,		(B) DUE TO	***************************************		
RISE TO TH	HE ABOVE CAUSE (A) STATING THE				
	NO CONDINON EA	316	(c)Ar	teriosclerot	ic Cardiovasc	ular
2	11				Dis	ease
	SNIFICANT CONDITIO					
DISEASE	DEATH BUT NOT		IHE			
19A. DATE O	F OPERATION 198.		WHICH OPERATION	20A. AUTOPSY? (Yes		RE FINDINGS CONSIDERED
	WAS	PERFORMED		YES	IN CERTIFYING	CAUSES OF DEATH? YES
21 A. EXTERNA	AL CAUSE WAS	21 B.	PLACE OF INJURY (e.g.,	in or obout 21C, WHERI	DID (If in Boltimore Cit	ry, give exact location)
UNDERLYING UTING CAL	OR CONTRIB-	hom etc.)	e, form, factory, street,	office bidg., INJURY OC	CUR?	
21D TIME	(14. 41) (15. 1	(Yeor) (Hour)	21E. INJURY OCCURRED	215 HOW 5	ND INJURY OCCUR?	
OF INJURY	(Month) (Day)	(reon (noun			AD HAJORI OCCOR:	
(APPROX.)		m.	WHILE AT NOT	WHILE ORK		
22.	rtify that I held an	Inquiry 🗍	Inspection Au	tapsy X and tha	t an this basis, death	In my coloina
		400				
resu	Ited fram: Natural	causesA	Accident Sulcid			anner
ACTUA	1	2	0		AL EXAMINER	DATE SIGNED
SIGNAT		Orn	hen M.C	ASSISTANT MEDIC	AL EXAMINER	
EXAMI	NER'S			ASSOCIATE MEDIC	CAL EXAMINER	
NAME		Russell	S. Fisher, M.	D		August 23, 19
A. BURIAL CR		2	3C. NAME OF CEMETERY	or CREMATORY	23D. LOCATION	(City, town, or county) (Stote)
		25 /42 1	New Cothaday	al Camatana	Old Product	etale Da Wa
4A. DATE REC'E	BY HEALTH DEPT.	148 NAME	New Cathedri	24C. FUNERAL D	Old Freder	ABBRESS
	AUG 25 196		The state of the s	1 A .	- 7	J-3818 Roland an
	וכן פאשטח	Holse	6 E. Farberna	Muslin	6. Nonovan	1- 28 18 /10tand Un
S 151-REV. 1/1	/65	1	0/11	0 8	0 0	1.

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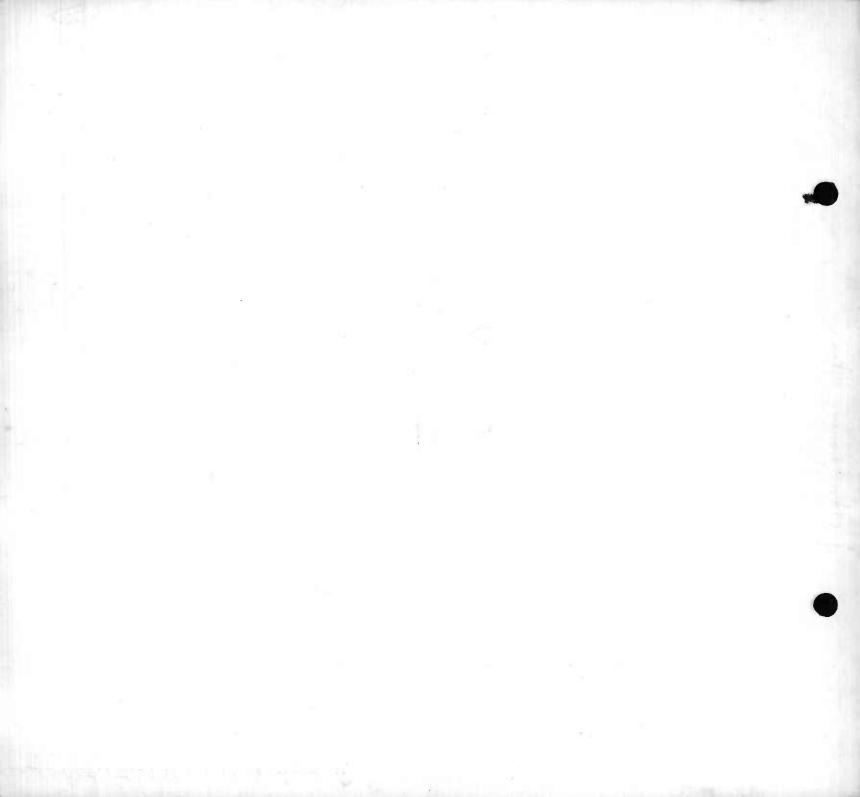
Sebastien Odendinal Ancette McOrow.

no no . 212 ol 5856 Sebastian J. Odenovani, Syco

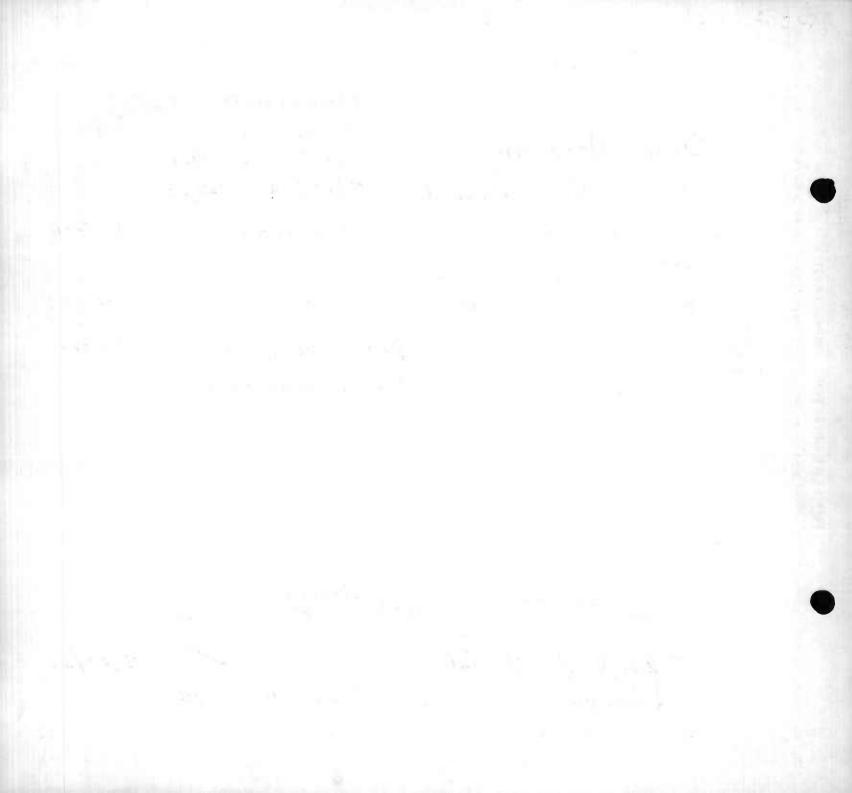
manual 107 EM some flag longer or your water 3502 7th Street Male W 11/1/10 56 AZU rinipail Eastern Box Company Chara B Carter Jam Skelton Rue Statton - W.F. Myscandial Industria 8 dis Aug 23 August 7 16 67 Aug 23 67 - Ang 23 11131 John Graber John Hopkins Hospital

A-	7500-	100	CERTIFICATE OF DEATH Registered No. 0/ 812/
	and eath ased the Such	1. N	AME OF DECEASED 2. DATE AND HOUR OF DEATH
	of do Dece	3. P	PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived. Il institution: residence before admission) A. STATE B. COUNTY
	200		FULL NAME OF (If not in hospital or institution, give street Mory) on M
	se; se; to		Oddross or location) NSTITUTION C. CITY OR TOWN (If autside city limits, write RURAL and give township) Boltimore 21223
	- Do + 0	13	D. STREET ADDRESS (If rurol, give locotion) 3924 8th. St.
	curred rributi nined gular ed pr	5. S	
•	contributin	103	Married. 8-21-1903 64
	dete dece		e during most of working life, even if retired) NEW VAPR 12. CITIZEN OF WHAT COUNTRY? WHAT COUNTRY?
	if death set or c t) Undet was in the dec	13.	FATHER'S NAME
A Z	is i	16.1	Was Deceased Ever in U.S. Armed Farces? 16. SOCIAL 17. INFORMANT ADDRESS
SPA	istan he d kind; deat deat ce or	(Yes	Was Deceased Ever in U.S. Armod Farces? In a grunknawn) (II yes, give war ar dates of service) I. SECURITY NO. I. INFORMANT OP LLP 60 OF SOCIAL SECURITY NO.
SS	s ass if t any ced ced ndan	4	18. GO 4 I CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
MILE	of of of ed		LEADING TO DEATH
1	or o		(This does not mean the made of dying, e.g.) heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) Zepaiz of Hintus Herrin
9 0	frac frac gule		ANTECEDENT CAUSES TE ZORE TO Chale y steel and
KEC	exa exar 3) A wh m re		DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stating the UNDERLYING CONDITION last.
DIR	ical ial e is; (; ician as ii		UNDERLYING CONDITION last.
A A	medical y burns; physicial ian was e remain	ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DIFFUSE MYOCHADIAL DISEASE DISEASE OR CONDITION CAUSING IT.
LER A	a m body ne p	RTIFICA	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yos or No!) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
延	by (2) Borre 11 phys	LLI /	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (II in Baltimore City, give exect lacotion)
D 136	he he	U	OR CONTRIBUTING CAUSE OF hame, larm, factory, street, office bldg., INJURY OCCUR?
	hosp natur ept w d (6)		21D. TIME (Manth) (Day) (Year) (Haur) 21E. INJURY OCCURED 21F. HOW DID INJURY OCCUR? While At Nat While Work At Work
	pprov the any n (exce		22. I certify that (I) (this hospital) attended the deceased from 5/2 19 67 to 8/2 19 67,
	0 0 0 0		that (I) (we) lost sow the deceased alive on \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
			and hour and from the chuses stated above. (I) (We) (did) (did not) view the body ofter death. 238. DATE SIGNED
			Con Staff Director Staff Staff Director Staff Staff Director Staff
	This certificate make body was related by was calculated by a second by the body was D.O.A. at a blace ased prior to written approval		23C. PHYSICIANS NAME (Type) N-:/ Name (Type) N-:/ Name (Type) N-:/ Name (Type) N-:/ Name (Type)
	A OO. A ap a a p	24A	BURIAL CREMATION, 24B, DATE 24C, NAME of CEMETERY of CREMATORY 24D, LOCATION (City, town, or county) (Stote)
	This certithe body shows: (1) was D.O. deceased		Burial 8-25-67 LutherAN Cemetery Long Loland, 10,4:
	This the k show was dece		AUG 25 1967 Robert E tarbuta 25c. FUNERAL DIRECTOR H. 23 1 Pat apper Ave
		VS	150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



CM	DA OO BALTIMORE CIT	Y HEALTH DEPARTMENT	1 1	0.1.00
BIRTH NO.	8128 CERTIFICA	ATE OF DEATH	gistered No.	8128
M.E. CASE NO. 1. NAME OF DECEASED		2, DATE AND HO	UR OF DEATH	
(Type or Print)	1)~	8/23	160	31 m D
3. PLACE OF DEATH IN BALTIMORE, MARYL	AND	4. USUAL RESIDENCE (Where deci	cosed lived. If institution: re	sidence before odmissio
		A. STATE B. COUNTY	Dal	At .
FULL NAME OF (If not in hospital or in hospital or in oddress or location)	nstitution, give street	C. CITY OR TOWN (If outside c	ity timits, write RURAL and	give township)
INSTITUTION		Ban = 44 = 76 =	,67	
45		D. STREET ADDRESS (If rurol, s	ive location)	00
DINA HOSPIT	792	130 SLADE	ANE	
5. SEX 6. RACE 7.	MARRIED, NEVER MARRIED	B. DATE OF BIRTH . 19. AG	E (In years If Under	
FW	WIDOWED, DIVORCED (specify)	3/13/04 1031 61	mindoy 63 Months	Doys Hours Min.
IGA. USUAL OCCUPATION (Give kind of work 108	KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State of foreign cou	intry) 12. CITIZ	EN OF
done during most of working life, even if retired)		42		11.5.0
13. FATHER'S NAME		14. MOTHERS MAIDEN NAME		0.3.15.
		A MAINER S MAINER HAME		
DAMNEC		MARY		
 Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of 	service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	215-03-211	6 Husband		Same,
18. 202,/1	CAUSE			NTERVAL BETWEEN
DISEASE OR CONDITION DIRECT	TLY			ONSET AND DEATH
LEADING TO DEATH	(A) H2	MOLYTIC ANET		weeks
(This does not meen the mode of dy heart failure, asthenia, etc. It means the	ing, e.g., DUE TO			
injuly of complication which coused dec	oth.)	MPHOBLASTOM		
ANTECEDENT CAUSES	(B)	Pristic outsion	./.2	
DISEASES OR CONDITIONS, if ony	, giving			
rise to the obove cause (A) sta	ting The (C)	***************************************		
11				
OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING			
TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.				
U 19A. DATE OF OPERATION 19B. CONDITI	ON FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B.	IF YES, WERE FINDINGS	CONSIDERED
WAS PERFOR	WED	YES	CERTIFYING CAUSES OF	JEATH?
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Bottimore City, give	e exoct tocotion)
DEATH (notify medical examiner)	etc.)	omes orage indoke occur.		
21 D. TIME . (Month) (Doy) (Yeor) (H	lour) 21 E. INJURY OCCURRED	21F. HOW DID INJURY C	CCUR?	
S OF INJURY	While At C Not Wh	ile []		
	Work At Work			2
22. I certify that (I) (this hospital) as	tended the deceased fram	8 (12/67 19		19 67
that (I) (we) last saw the deceased a	live an 5/2	19 67 and that in (my) (aur) aplnian deat	h accurred an the d
and have and frain the causes stated	abave. (1) (We) (did) (did nat)	view the bady after death.		4
23A. SIGNATURE	1, 1.		23 B. DAT	E SIGNED
The seal of		Med. Stoff Phys.	8	123/27
23C. PHYSICIAN'S		23D. ADDRESS		, , ,
NAME (Type)	C 25 M.D	· //	1 TAI	
24A. BURIAL CREMATION, 124B. DATE	GIMBEL	ourse 11031) / / J	s nounty) (See)
REMOVAL (Specify)	24C. NAME of CEMETERY OF C	REMATORY 24D. LOCATI	ON (City, town, o	(Stole)
Bunal 8/24/61	Hebrew tru	endolop 13a	Oto-	mg
AUG 25 1967	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	·6. 100 (ADDRESS
HUG 69 1907	obert, E. Janey MA	Sylvan S. Levis	ישראיות	mon, ma
VS 150-REV. 1/1/65	1010	1 3 1 1 1		



BIRTH NO. MEDI	CAL EXAMINER'S	CERTIFICAT	E OF DEATH Regist	rered No. 67. 8129			
M.E. CASE NO.							
1. NAME OF DECEASED (Type or Print)	OUISE S. AMBLER		2. Date and hour pronoun August 23, 1967				
3. PLACE IN BALTIMORE, MARYLAND, WI		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admi A. STATE Maryland					
FULL NAME OF HOSPITAL OR ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET TION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rural, give location) 1929 SKINNALDS A					
1929 Grinnal d s A	lvenue						
5. SEX 6. RACE White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify) WIDOWED	8. DATE OF BIRTH	lost birthdoy)	Months Doys Hours Min			
done during most of working life, even if retired) RETIRED BUYER	ROSE CO.		Stote or foreign country) SYLVANIA	12. CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NAME		14. MOTHER'S MA					
JAMES B. SMAIL			E. GONGAWARE				
15. WAS DECEASED EVER IN U.S. ARMED (Yes, no or unknown) (If yes, give wor or dotes NO		MRS. EVELYN WHEELER, 1928 GRINNALDS AVE.					
DISEASE OR CONDITION DIR LEADING TO DEATH (This does not mean the mode of heart foilure, osthenia, etc. tt means injury or complication which caused of	RECTLY Arte	riosclerot	ic heart disease	INTERVAL BETWEE			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF AI RISE TO THE ABOVE CAUSE (A) ST UNDERLYING CONDITION LAST.	NY, GIVING (B)						
OTHER SIGNIFICANT CONDITIONS OF TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CONWAS PERF	ATED TO THE						
19A. DATE OF OPERATION 19B. CONI	DITION FOR WHICH OPERATION FORMED	20A. AUTOPSY?	(Yes of No) 20B. IF YES, WERE F	FINDINGS CONSIDERED USES OF DEATH?			
21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.)	office bldg., INJURY	HERE DID (If in Boltimore City, OCCUR?	give exact location)			
21 D TIME (Month) (Doy) (Year) OF INJURY (APPROX.)	WHILE AT TO NOT	WHILE 21F. HO	W DID INJURY OCCUR?				
22. I certify that I held on In			that on this basis, death in				

ACTUAL SIGNATURE_ EXAMINER'S

23C. NAME of CEMETERY of CREMATORY

M. D. ASSISTANT MEDICAL EXAMINER X

DATE SIGNED

Charles S. Springate, M.D. NAME (Type)

ASSOCIATE MEDICAL EXAMINER

CHIEF MEDICAL EXAMINER

23D. LOCATION

August 24, 1967

(City, town, or county)

23A. BURIAL CREMATION, REMOVAL (Specify) BURIAL

8/26/67

LOUDON PARK CEMETERY

BALTIMORE, MD.

24A. DATE REC'D BY HEALTH DEPT. 24B, NAME OF REGISTRAR

23B. DATE

24C. FUNERAL DIRECTOR

HOWARD H. HUBBARD 4107 WILKENS AVE. 21229

(Stote)

VS 151-REV. 1/1/65

Constant of the life of

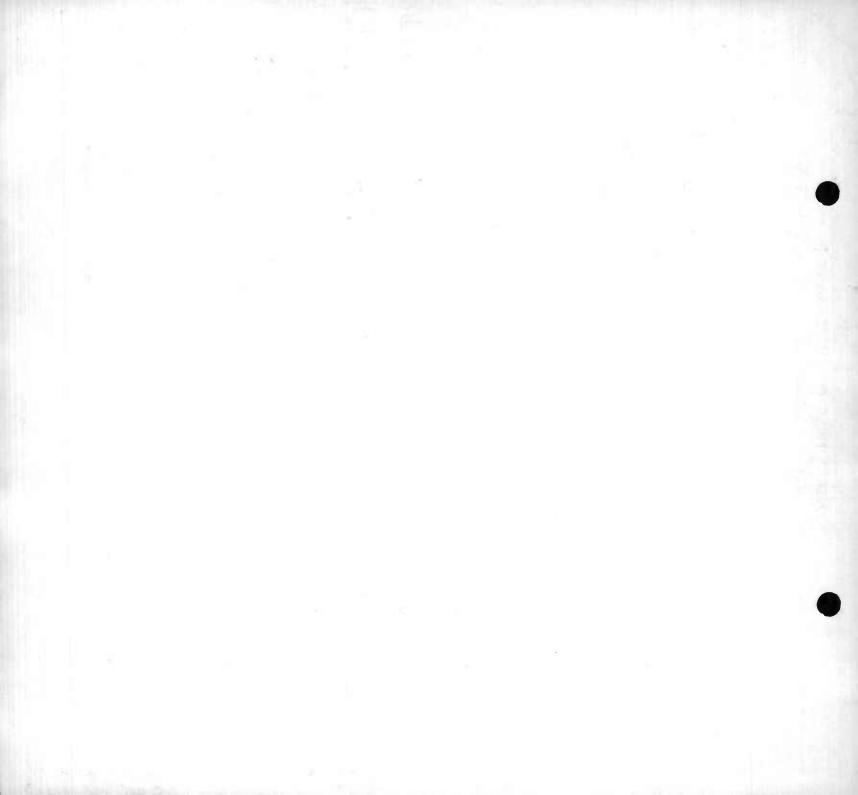
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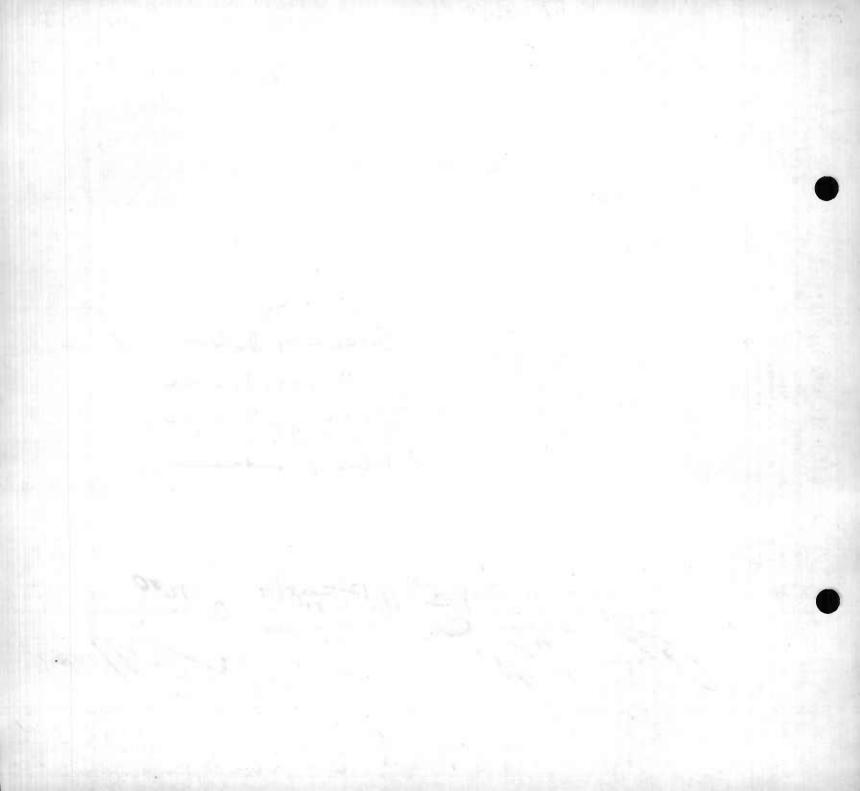
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A-1377	67 8133 BALTIMORE CITY HEALTH DEPARTMENT
5565	BIRTH NO. 67-16640 CERTIFICATE OF DEATH Registered No. 0133
dan death dase Suc	M.E. CASE NO. 1. NAME OF DECEASED Paul Good Word III 2. DATE AND HOUR OF DEATH (Type or Print)
pital of c Dece	3. PLACE OF DEATH IN SALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived. Il institution: residence before odmission) A. STATE B. COUNTY
hospita Ise of (5) Dec ance o death.	FULL NAME OF (If not in hospital or institution, give street)
d a h	HOSPITAL OR oddress or location) INSTITUTION (II outside city limits, write-RURAL and give township)
ed in ting d caus r atte	Md. GEN. HOSP. Balkinge Organis # 2020
	11 1032 10 10 con Avenue 212 4
occurr ntribu rmine egula ased	" WIDOWED, DIVORCED (specify) - North Signature (Specify)
00-0-	10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. SIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
or c ndet s in dec ition	none none Margiand 45A
rifd irect (4) U way	13. FATHER'S NAME
Z tip t tip	15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (II yos, give wor or doles of service) 16. SOCIAL SECURITY NO.
RTAN ssistant the di the di kind; death nee on	(Yes, no or unknown) (II yos, give wor or doles of service) SECURITY NO.
IMPORTAN r his assistant Also, if the di of any kind; ounced death	18. 7 2 3 5 1 CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
or his Also, and an anten med	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH RESPURSED LEADING TO DEATH
	(This does not moan the mode of dying, e.g., heart loilure, osthenia, etc. It means the disease,
OR inerine ract	injury or complication which coused death.) ANTECEDENT CAUSES (B) (B)
Xam ami A fr	DISEASES OR CONDITIONS, if ony, giving
DIRECTOR cal examine al examine s; (3) A fract ian who pr is in regula	rise to the above cause (A) stoting the UNDERLYING CONDITION lost.
_ = 5 = 2 0 0	Z CALLED CONTROLLED CO
RAI med buy	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
A Sicion	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSK? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
FU he cl by (2) B (2) B phy fore	O 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 27 C. WHERE DtD (II in Boltimore City, give exect locotion)
No No Per	DEATH (notily modical examiner) etc.)
ed b nosp atur pt v (6)	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While
be ho	22. I certify that (I) (this hospital) attended the deceased from / wadty (18 19 to 12)
4 day	that (1) (we) last saw the deceased alive an 17 115 19 62 and that in (my) (aur) apinian death accurred an the date
M	and haur and from the causes stated abave. (1) (We) (did) (dld nat) view the bady after death.
50.5 6	M.D. Attending Med. Stoff Williams
	Phys. Director Phys. 23C. PHYSICIAN'S NAME (Typo) 23D. ADDRESS
certificate m sody was rel 7s. (1) An acc D.O.A. at a l ased prior to	M.D.
L 7 0 0 -	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
	25A. DATE REC'D BY HEALTH DER. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR 1 ADDRESS
This the I show was dece	AUG 25 1967 Registrar Dicker Decided Our Standard Dicker Line Williams Albert Herbe
	VS 150-REV. 1/1/65



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-	5005	BIRTI
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	ital of d	3. PI
	osp se c 5) E	FI
	a h aus ne; (H IN
	ng caus	90
	buti buti lar lar	5. 51
	ntril rmir egu	1/
	dete dete in r	tóà. done
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such deceased prior to betained before the remains are embalmed or final disposition is made.	BIRTI M.E. T.N./ (Type 3. PI FH IN 5. SI 10A. done 13. F
Z	dire dy (4 th	15. W
TA	the kind dea dea	Yes.
O	if i	
FUNERAL DIRECTOR: IMPORTANT	Also, Also, oung attended	
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EC	exc exc 3) A n	
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AL	adic surr ysi	MEDICAL CERTIFICATION
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	Y W (1) A (1) A d pu	24A.
	vs: (D.C D.C	
	This certificate must be apply the body was released to the shows: (1) An accident of a was D.O.A. at a hospital (deceased prior to death); written approval must be constant to the constant of the constant	2\$ A.
		17

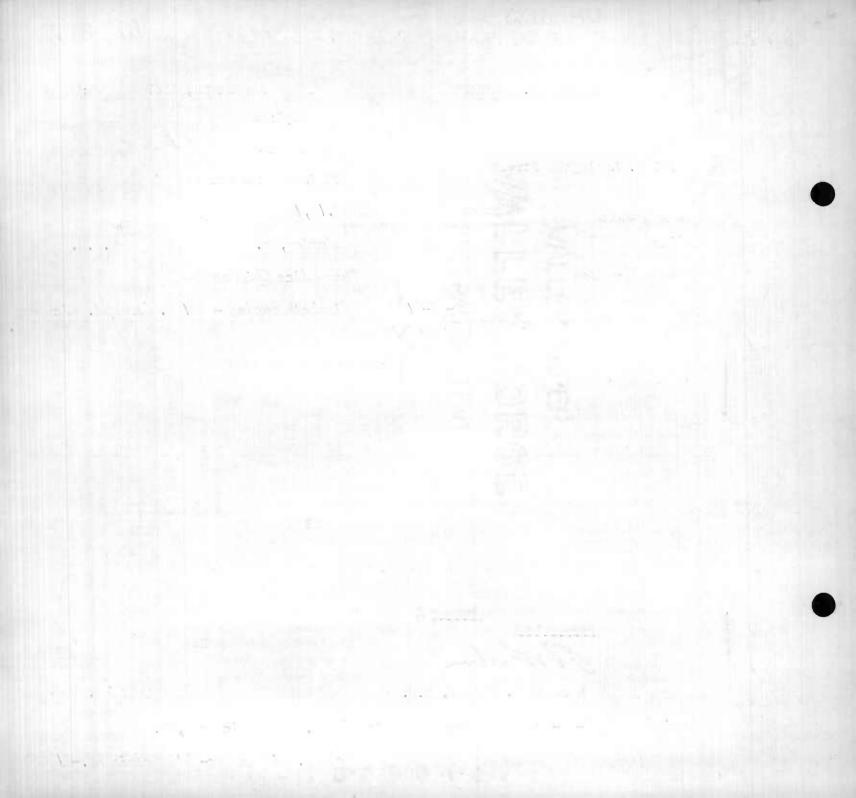
BIRTH NO.	67	813) A	TE OF DEATH	Registered No	67 8134
M.E. CASE NO.			CERTIFICA			
1. NAME OF DEC	EASED				ND HOUR OF DEAT	Н
J	OSEPH Slapa	ık			8/22/67	121
B. PLACE OF DE	ATH IN-BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (Wh	ere deceased lived. If	institution: residence before admis
FULL NAME C	F (If not in hospital	or institution	nive Steel	2 58 Henr	ietta Ave	nue Rolls
HOSPITAL OR	oddress or location	1)	give sheet	C. CITY OR TOWN (If o	utside city limits, write	e RURAL ond give township)
INSTITUTION	Harford Ga	rdens	Nursing Ho		e Marylan	
7)	4 444 44 44 44				rurol, give location)	
	4700 thatfe	, Ma				
SFY	6. RACE	7 AAAPRIED	, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24
M	W	WIDQWE	D. DIVORCED (specify)		lost birthdoy	Months Doys Hours Mi
			ngle	3/12/1907	60	5 10
	UPATION (Give kind of work working life, even if retired)	10B, KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
Shippi		Marth	erall Steel	Baltimana A	Hauland	U.S.A.
3. FATHER'S NA		well to	erant steet	Baltimore, 1	ME	U.J.M.
_	anuel Slapak			Albina Hra	back	
es, no or unknown	Ever in U. S. Armed For	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
les	,, 5		010 01 1-0	Man Cara D.	22422 161 A	/ C4 C/
18. / /			213-01-1767	F DEATH	wwwn-101 /	Streeper St.
100	2 X		CAUSE O			ONSET AND DEATH
DISEA	SE OR CONDITION DIF	ECTLY	1	inomasslung E.	-totas	1,44
(This door	nol meen the mode of	duing a =	(A) Cara	momay lung c	nualucus	1401
	osthenio, etc. If meons		, 501 10	/ /		
injury or con	nplicolian which coused	deoth.)				
	ANTECEDENT CAUSES		(B)		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
DISEASES	OR CONDITIONS, if	ony, giving				1 1 1 1 2 2 3 1 1 1
rise to the	e obove couse (A)					
UNDERLYING	G CONDITION lost.					
_	- 11					
OTHER SIGNI	FICANT CONDITIONS C	ONTRIBUTIN	IG HE			
DISEASE OR	CONDITION CAUSING !	т.				
19A. DATE OF	OPERATION 198. CON		WHICH OPERATION	20A. AUTOPSY? (Yes or N	IN CERTIFYING	E FINDINGS CONSIDERED CAUSES OF DEATH?
				le		
OR CONTRIB	NT WAS UNDERLYING DITING CAUSE OF	21	B. PLACE OF INJURY (e.g., in	fice bldg., INJURY OCCUR?	(If in Boltim	ore City, give exact location)
DEATH (notify	medical examiner	etc		nee oragi, my okt OCCOK!		
21 D. TIME	(Month) (Doy) (Year)	(Hour) 21	E. INJURY OCCURRED	21F. HOW DID IN	IIIBY OCCUPS	
OF INJURY	tround they treen		hile At Not While		JOKT OCCUR:	
(APPROX.)			ork At Work			
22. 1 cartifu	that (I) (this hospital	habratta f	the deceased from	august 16	1967 to	august vy 1967
			/ 1 /	11/		- //
	last saw the decease		1			pinian death accurred an the
and haur an	d from the causes stat	ed ábave.	(I) (We) (did) (d id not) v	iew the bady after death.		
23A. SIGNATU	JRE /	1				23B, DATE SIGNED
//	11000	1 1	M.D. Atte	ending Med.	Stoff Phys	8/22/67
23 C. PHYSICIA	Williams.	year.	Phy	23D. ADDRESS	Phys.	10/0/0/
NAME (1	ype)			LUC- AUURESS		
1111111			M.D.			
4A. BURIAL CRE		24C. N	IAME OF CEMETERY OF CRE	MATORY 24D.	LOCATION	City, town, or county) (Sto
REMOVAL	Specify)	-	0 1			
Burial	8-25-6	7 1 /	Bohemian Natio	nal (em.	Baltimore.	Maryland
SA. DATE REC'D	ALIC 9 5 1007	25B. NAME	OF REGISTRAR	250-FUNERAL DIRECTO	R	ADDRESS
	AUG 25 1967	Volue C	TIE, STOWN MIN	o John C. Mill	en Inc-6415	Belair Rd21200
S ISO-REV. 1/1/	65				*	4

and the second territory of the

67. 8135 BALTIMORE CITY HEALTH DEPARTMENT

WEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH Regist	ered N6.7	8135
		10.6	AVE	NO HOUS SSONOUN	CED DEAD	. —

M.E. CASE NO.						
1. NAME OF DEC	EASED				2. DATE AND HOUR PRONOUNCED	DEAD
	HARVEY	H. THOM	PSON		August 20, 1967	9:00 am.
3. PLACE IN BALTI	MORE, MARYLAND, W	HERE PRONOUN	ICED DEAD	4. USUAL RESIDI	ENCE (Where deceased lived. If instituti B. COUNT	on: residence before admission)
FULL NAME OF	(IF NOT IN HOSPITA	AL OR INSTITUT	ION GIVE STREET	M.	aryland	
HOSPITAL OR	ADDRESS OR LOCA	TION)	ion, orve sincer	C. CITY OR TOW	VN (If autside corporate limits, write RU	IRAL ond give township)
IN SHIT OHON				Ba1	timore	-00
657 W	Tarinatan	Ctroot			RESS (If rural, give location)	
037 W	. Lexington	Street		657 T	exington Street	
5. SEX (6. RACE	7. MARRIED, N	IEVER MARRIED	8. DATE OF BIRTH	1 9. AGE (In years 1	f Under 1 Yr. If Under 24 Hrs.
		WIDO, WED, DI	VORCED(specify)	5 110	lost birthdoy > = N	Months, Doys Hours Min.
Male	White	Widow	er	Sept. 10,	1093 74	
done during most of w	PATION (Give kind of wark orking life, even if retired)	IOB. KIND OF	BUSINESS OR INDUSTRY	III. SIRTHPLACE	State or toreign country)	2. CITIZEN OF WHAT COUNTRY?
Retired				Stan	ton, Va.	U.S.A.
13. FATHER'S NAM				14. MOTHER'S MA	AIDEN NAME	
Berry	Thompson			Manu A	lice (hildredd	
15. WAS DECEASED	EVER IN U.S. ARMED		6. SO CIAL	17. INFORMANT	A	DDRESS
(Yes, no or unknown)	(If yes, give wor or dote	s of service)	220-05-4156	61:	ath P = 1 = 021 111 1	((, 0.)
Yes	WW I		220-05-1100	Citzabe	eth Bagley - 821 W.	gray St. Richmond
1B. / C/	5		CAUSE	OF DEATH		ONSET AND DEATH
DISEAS	E OR CONDITION DI	PECTLY				ONSET AND DEATH
	LEADING TO DEATH		C.	rcinoma o	f the anus	
(This does no	of meon the mode of osthenio, etc. It meons	dying, e.g.,	(A)	(LC-LIIOMAO		
injury or com	plication which caused	de oth.)				
Δ1	NTECEDENT CAUSES	,				
	R CONDITIONS, IF A		(B)			
RISE TO THE	G CONDITION LAST.		001.10			
	O CONDITION LAST.		(C)			
<u> </u>	ll	1000				
OTHER SIGN	IFICANT CONDITIONS					
	DEATH BUT NOT REL		E			
19A. DATE OF	OPERATION 198, CON		HICH OPERATION	20A. AUTOPSY	? (Yes or No) 20B. IF YES, WERE FINDI	NGS CONSIDERED
0	WAS PERI			201111111111111111111111111111111111111	IN CERTIFYING CAUSES	
Z 21 A. EXTERNAL	CAUSE WAS	ום פוכ	ACE OF INITIDY (o.e.	NO	HERE DID (If in Boltimore City, give	and landing
UNDERLYING -	OR CONTRIB-	home,	form, factory, street, a	ffice bldg., INJURY	OCCUR?	BXOCT TOCOTION/
UTING LCAUS	E OF DEATH.	etc.)				
210 HIVE	(Month) (Day) (Year) (Hour) 211	E. INJURY OCCURRED .	21 F. H.C	OW DID INJURY OCCUR?	
(APPROX.)		WI	HILE AT NOT	WHILE [
22.		m. W	ORK L AT W	ORK L		
	fy that I held on I	nquiry 🗌	Inspection X Aut	opsy ond	that on this basis, death In my	apinian
result	ed from: Natural cou	uses X Ac	cident Suicid	Homicie	de Undetermined monner	7
				_	EDICAL EXAMINER X	
ACTUAL		Wa !				DATE SIGNED
SIGNATU		Prel	M.D.		EDICAL EXAMINER	
EXAMINI				ASSOCIATE M	EDICAL EXAMINER	
NAME (T	Trabbe.		sher, M.D.			gust 20, 1967
23A, BURIAL CREA REMOVAL (Specify)		23C.	NAME of CEMETERY o	CREMATORY	23D. LOCATION (City, to	wn, or county) (State)
Burial	8-24-6	7	Glendale Nat	innal Com	Dichard 1/	
24A. DATE REC'D		248 NAME O		24C. FONER	Richmond, Va.	ADDRESS
	2 - 4	R.D. 5	Q .T. D. 40			
	100 6 6 1001	Uplet .	C., Couvering	John (. Hiller Inc-6415 Be	elair Rd21206
VS 151-REV. 1/1/6	5	1	3/00	0 0	3 1	



BIRTH NO.

VS 150-REV. 1/1/65

IMPORTAN

FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT

Registered Na

If Under 24 Hrs.

Hours

ADDRESS

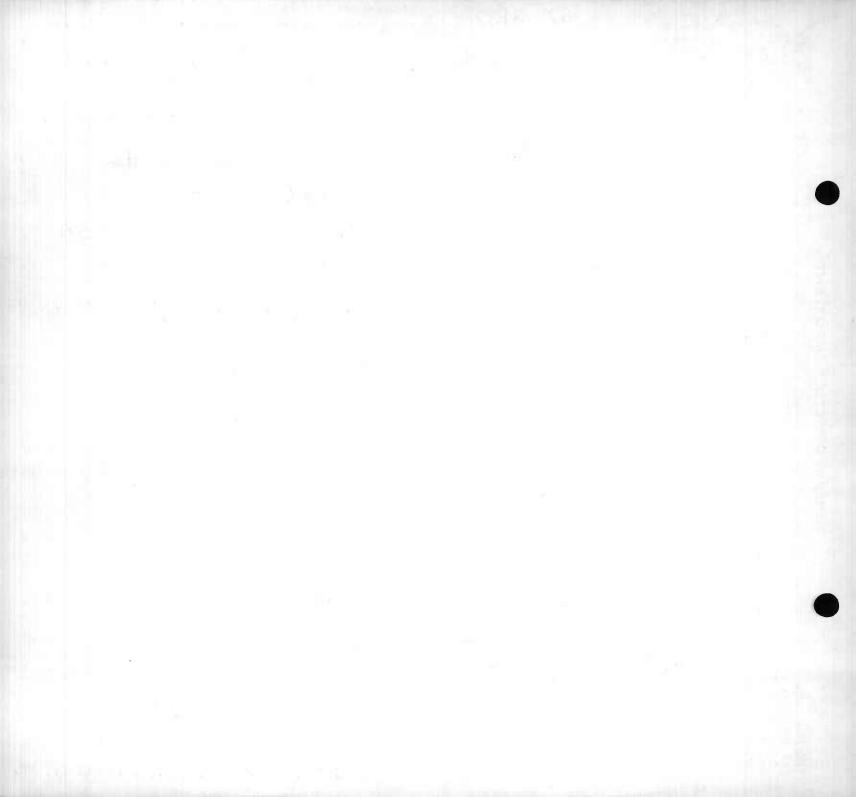
ONSET AND DEATH

PROM. 1025

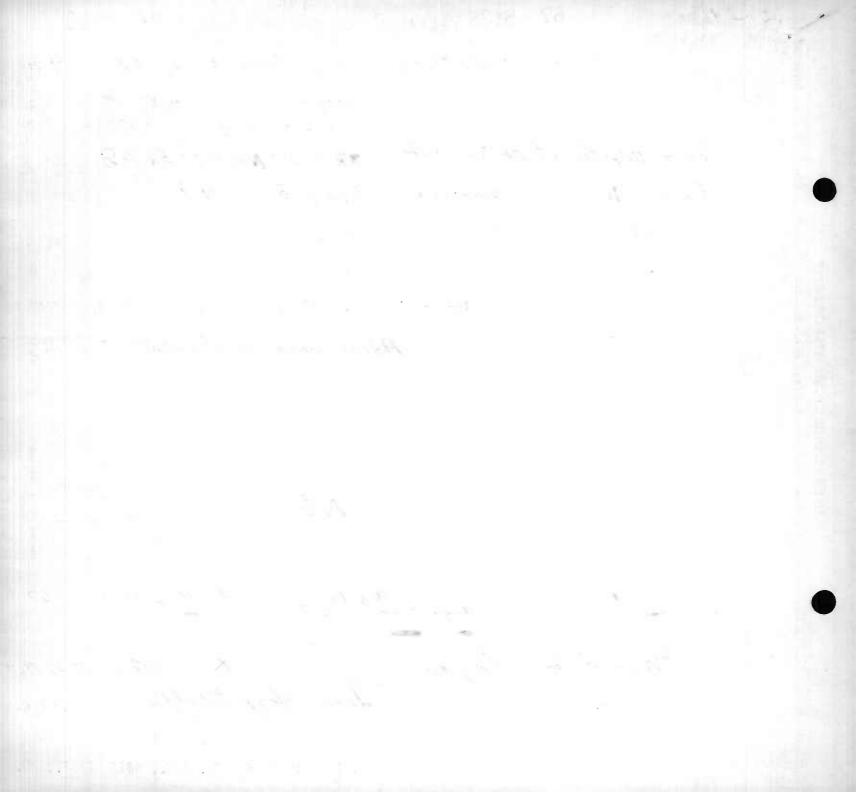
IMPORTANT

DIRECTOR:

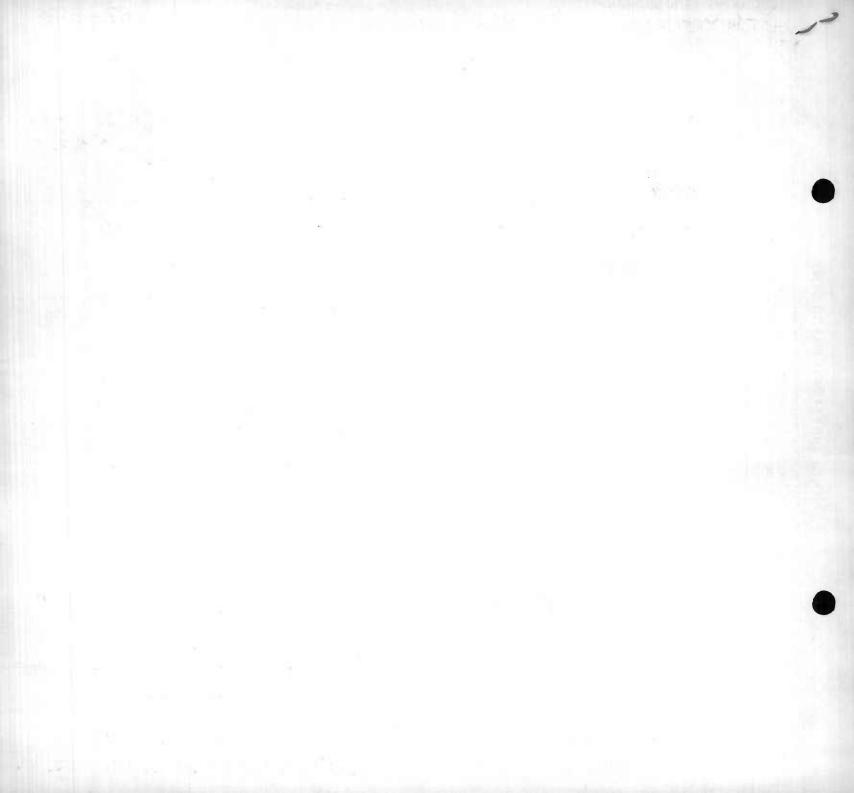
FUNERAL

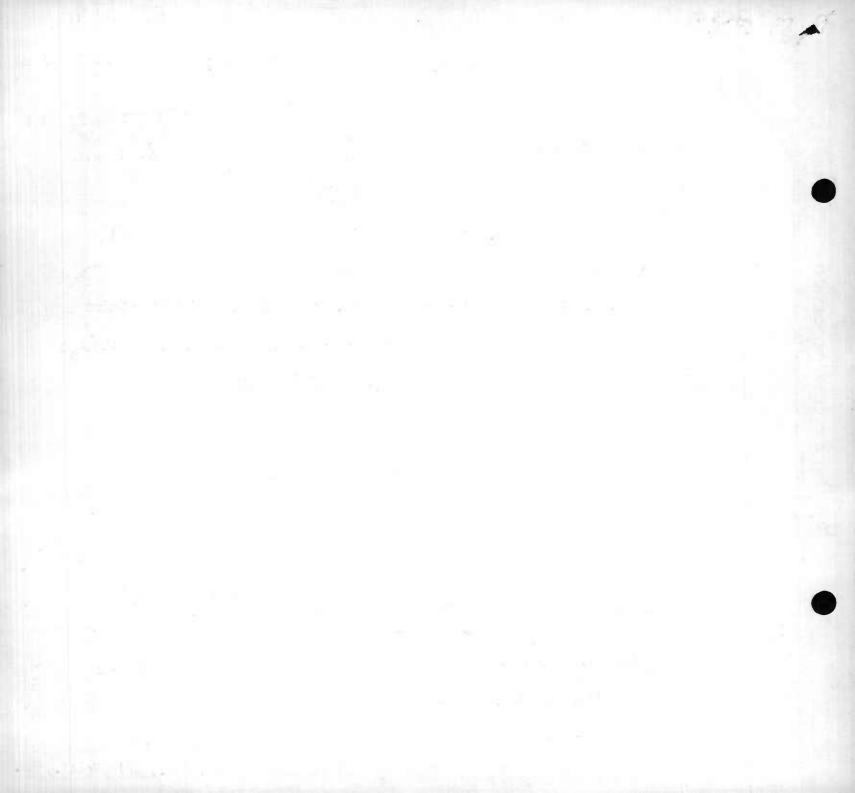


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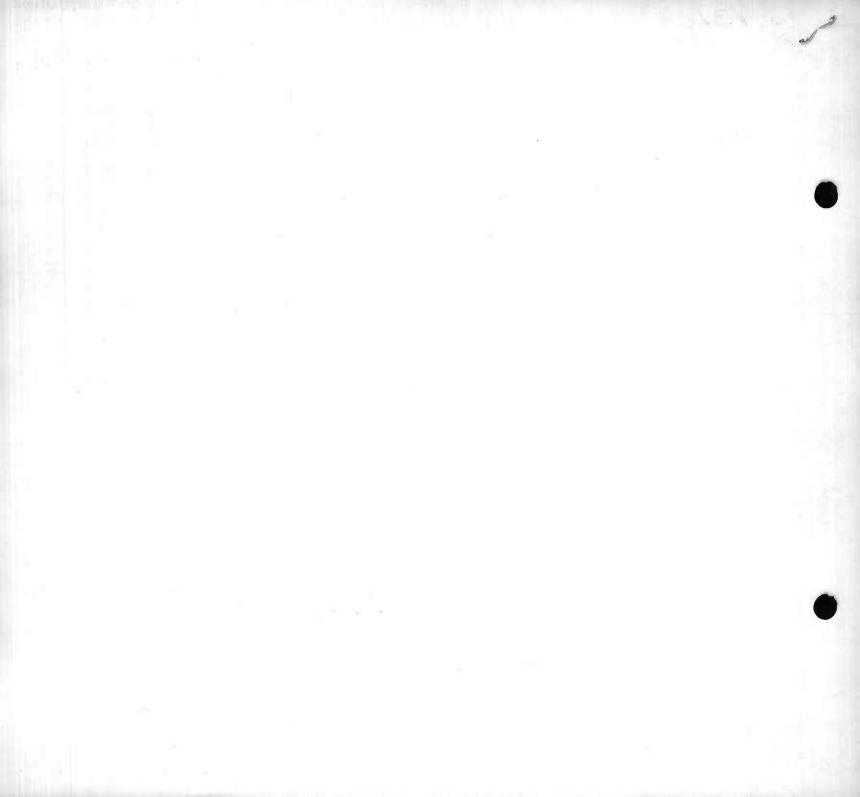
VS 150-REV. 1/1/65



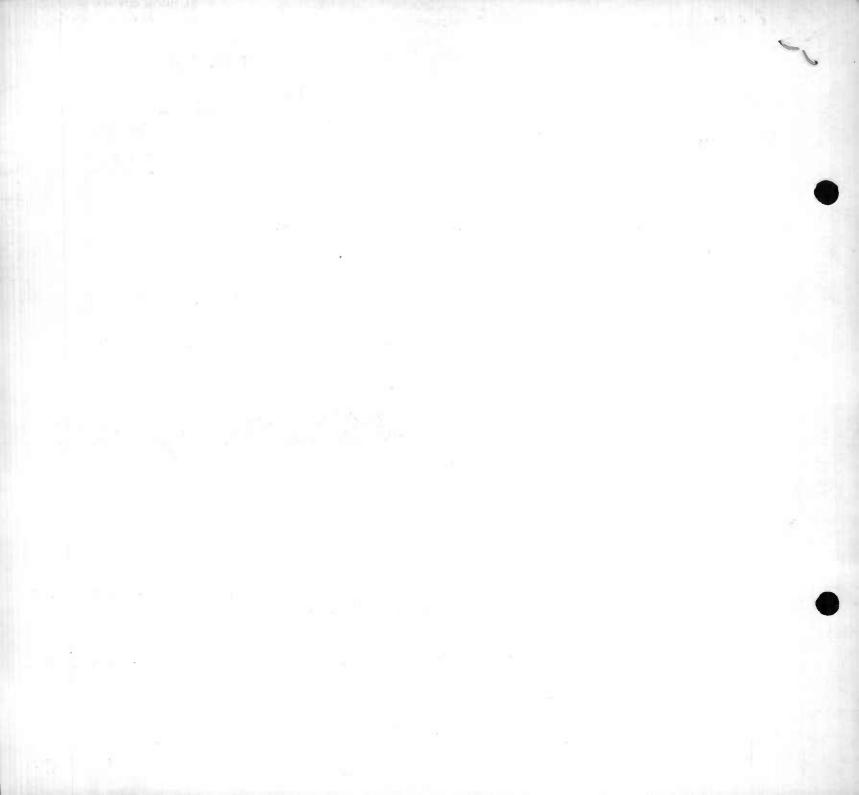


	G.	-0/
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased (1) And the hospital (except the physician who propounted death was in recular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

M.E. CASE N			2. DATE AND HOUR	OF DEATH				
(Type or Print)	Lena G	Galdberg	August 23. 1967 12 40 16					
3. PLACE OF	DEATH IN BALTIMORE, MA	ARYLAND	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admiss A. STATE B. COUNTY					
FULL NAM	AE OF (If not in hospital	or institution, give street	Manuland					
HOSPITAL	OR oddress or locotic		Maryland C. CITY OR TOWN (If outside city I	imits, wile RURAL and give township)				
Pagua	dere Nursing Ho	1000	Baltimore	18-21				
	W. Belvedere Av		D. STREET ADDRESS (If rurol, give	focation)				
			6502 Eberle Drive					
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDQWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In					
Femal	2 White	Widow	Aug. 15, 1893 74					
	CCUPATION (Give kind of wor at of working life, even if retired)		11. BIRTHPLACE (Stale or foreign country)	12. CITIZEN OF WHAT COUNTRY?				
House		At Home	Baltimone Manulay	nd USA				
13. FATHER'S	NAME	1 . 20 1101115	Baltimore, Marylan 14. MOTHER'S MAIDEN NAME	45/1				
110 1	· Calmatilar		Drobot Tointon					
15. Wos Dece	r Schneider ased Ever in U. S. Armed Fo	orces? 1 6. SOCIAL	Rachel Feinberg	ADDRESS				
(Yes, no or unk	nown) (If yes, give wor or dat	les of service) SECURITY NO.						
No			Miss Frieda Schneide	er, 6502 Eberle Drive				
1B. / 7	5,01	CAUSE C	JE DEATH	INTERVAL BETWEEN ONSET AND DEATH				
DI	SEASE OR CONDITION DI LEADING TO DEATH	RECTLY	A B	a au Fours				
(This do	es nal mean the made at	dying, e.g., DUE TO	Xesto Brewaray &	voy vo				
heort foi								
imite and	ure, asthenia, etc. It means	s the disease,	0 0 -					
injury ar	camplication which couse	s the disease, d death.)	in alleroles ?	UP 34				
	ANTECEDENT CAUSE	001 10	Leve Coreworke (O	UP 3/1.				
DISEASE	ANTECEDENT CAUSE S OR CONDITIONS, if	any, giving						
DISEASE	ANTECEDENT CAUSE	any, giving	in relevolor					
DISEASE	ANTECEDENT CAUSES S OR CONDITIONS, if the obave couse (A)	any, giving						
DISEASE rise to UNDERL	ANTECEDENT CAUSE: S OR CONDITIONS, if the obave couse (A) YING CONDITION lost.	any, giving sloting the (C)						
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DISEASE rise lo UN DERL OUN DERL TO TH DISEASE 19.A. DAT 21.A. ACC OR CON DEATH (ANTECEDENT CAUSE ANTECEDENT CAUSE S OR CONDITIONS, if the obave couse (A) YING CONDITION lost. I CONDITION LOST BEDEATH BUT NOT REL OR CONDITION CAUSING E OF OPERATION 198. COI WAS PEI CIDENT WAS UNDERLYING REBUTING CAUSE OF notify medical examiner)	any, giving sloling the (C) CONTRIBUTING ATED TO THE IT. NOTION FOR WHICH OPERATION REFORMED 21 B. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.)	20A. AUTOPSY? (Yes or No) 20B. IF IN CER' in or obout 21C. WHERE DID (Iffice bldg., INJURY OCCUR?	YES, WERE FINDINGS CONSIDERED TIFYING CAUSES OF DEATH? If in Boltimore City, give exact locotion)				
DISEASE rise lo UN DERL UN DERL TO TH DISEASE 19.A. DAT 21.A. ACC OR CON DEATH (21.D. TIM	ANTECEDENT CAUSE: S OR CONDITIONS, if the obave couse (A) YING CONDITION lost. II IGNIFICANT CONDITIONS E DEATH BUT NOT REL OR CONDITION CAUSING E OF OPERATION 198. COU WAS PEI CIDENT WAS UNDERLYING TRIBUTING CAUSE OF notify medical examiner) E (Month) (Doy) (Year)	any, giving stoling the (C) CONTRIBUTING ATED TO THE IT. NDITION FOR WHICH OPERATION REFORMED 21 B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) (Hour) 21 E. INJURY OCCURRED	20A. AUTOPSY? (Yes or No) 20B. IF IN CER. in or obout 21C. WHERE DID (Iffice bidg., INJURY OCCUR?	YES, WERE FINDINGS CONSIDERED TIFYING CAUSES OF DEATH? If in Boltimore City, give exact locotion)				
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DISEASE FISE TO UN DERL OTHER STO THE	ANTECEDENT CAUSE: S OR CONDITIONS, if the obave couse (A) YING CONDITION lost. IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	any, giving sloting the (C) CONTRIBUTING ATED TO THE IT. NOTION FOR WHICH OPERATION RFORMED 21 B. PLACE OF INJURY (e.g., home, form, factory, street, etc.) (Hour) 21E. INJURY OCCURRED While At Work At Work	20A. AUTOPSY? (Yes or No) 20B. IF IN CER. in or obout 21C. WHERE DID (Indice bidg., INJURY OCCUR?	YES, WERE FINDINGS CONSIDERED TIFYING CAUSES OF DEATH? If in Boltimore City, give exact locotion) CUR?				
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IRTH NO.	67	814	CERTIFICA	ATE OF DE	ATH	Registered No.	07.	8142	
NAME OF DEC	CEASED			- 2.	DATE A	ND HOUR OF DEATH			_
Type or Print)	CELI		EILBRON		AUG	UST 23. 1967		9 1	Э м.
PLACE OF DE	ATH IN BALTIMORE, MA	RYLAND		A. STATE	B. COU	ere deceased lived. If in NTY	stitution; resi	dence before odi	mission)
FULL NAME O	OF (If not in hospital oddress or locatio	or institution,	give street	C. CITY OR TOWN		Action and Profession 1994	DIIDAI I -	Sum to	
INSTITUTION	BULLON ALL M	UDCTUC I	MUT	BALTI		utside city limiter write	DKAL ond	io was nips	
10	BOLTON HILL N	uksing t	TUME	D. STREET ADDRE		rurol, give location)			
U				3603	LAB	RINTH ROAD	APR 1 F	•	
FEMALE	WHITE		NEVER MARRIED D, DIVORCED (specify)	B. DATE OF BIRTH		9. AGE (In years lost birthdoy)	If Under 1 Months: D	Yr. If Under	24 Hrs. Min.
	UPATION (Give kind of working life, even if retired)	10B, KIND OF	BUSINESS OR INDUST	TI. BIRTHPLACE (St	tote or fore	eign country)	12. CITIZEI WHAT	OF COUNTRY?	
HOUSEW		A.	T HOME	MACON,	GA.			USA	
3. FATHERS NA				14. MOTHER'S MA					
HE	RMAN HIRSCH			B	BERTHA	4 ?			
5. Was Deceased Yes, no or unknown	d Ever in U. S. Armed For n)(It yes, give wor or dote	ces? is of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT			A	DDRESS	1 F
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E TO THE D	DEATH BUT NOT RELACED CONDITIONS CONDITION CAUSING	ATED TO TH							
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	UTING CAUSE OF medical examiner	etc.	ne, form, foctory, street,	office bidg., INJURY C	OCCUR?				
21 D. TIME	(Month) (Doy) (Year)		INJURY OCCURRED		V DID IN	JURY OCCUR?			
(APPROX)		Wh	ile AI Not WI						
22. I certify	that (1) (this hospita) attended t	he deceased from	11/2		1966 to	8/	23 19/	67.
that (I) (we)	lost saw the decease	d alive an	8/2	3 1967	ond t	hot in (my) (our) opl	nion deoth		-
ond hour an	d from the couses sto	ted obove. () (We) (did) (dld not)	view the body ofte	er death.				
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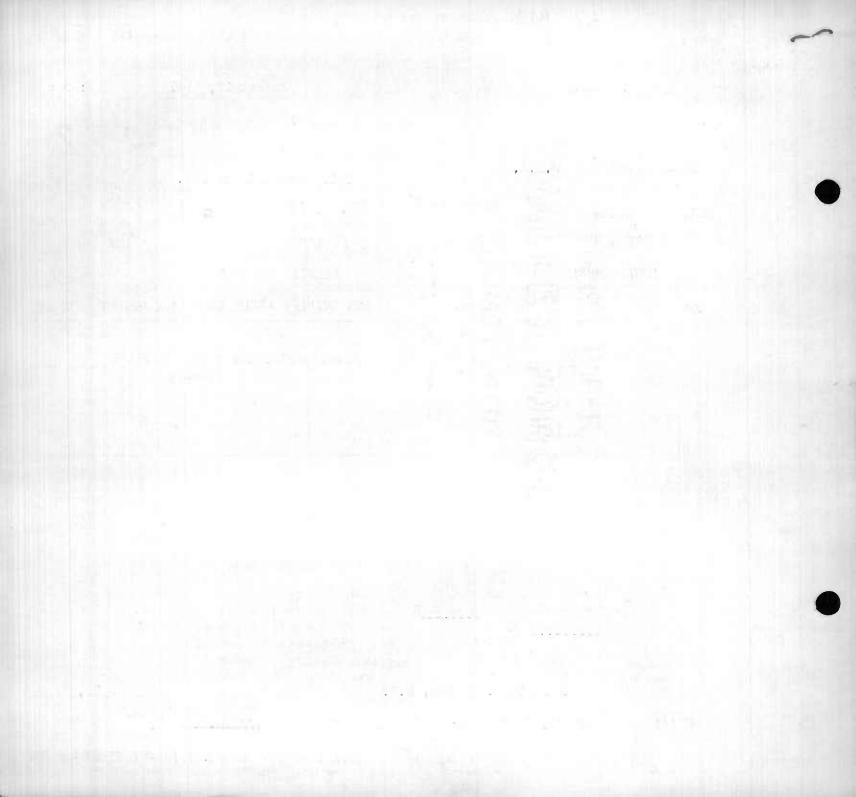


A-140

BIRTH NO.

67 8143 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.67 8143

M.E. CASE NO.								
1. NAME OF DECEA	SED				2. DATE AND	HOUR PRONOUNC	ED DEAD	
MICHAEL APPLE				August 23, 1967 8:35 a m.				
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD				4. USUAL RESID	DEN CE (Where	leceosed lived. If ins	titution: residence	belore admission
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Sinai Hospital D.O.A.				C. CITY OR TO	imore	corporate limits, write		e (ownship)
Siliai no	5425 Park Heights Ave.							
Male	RACE White	WIDO WED.	NEVER MARRIED PLYORCED (specify) RRIED	OCT. 9,	1905	9. AGE (In years lost birthdoy)	Months Doys	
done during most of war	ATION (Give kind of work king life, even if retired) I CHER		CAB CO	ENGL	AND	country)	VHAT CO	
13. FATHER'S NAME				14. MOTHER'S M	AIDEN NAME			
Lou	IS APPLE			BESS	SIE PRE	NSKY		
	yes, give wor or date:		16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS	
NO	, co, g. re nor or dole.	3 01 30111007	YES	MRS SHIT	RLEY APP	LE 5425 PAI	RK HEIGHT	S AVENUE
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DISEASE OR C	ATH BUT NOT REL	IT.			************			
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23A, BURIAL CREMA REMOVAL (Specify)	TON, 23B. DATE	23	Fisher, M.D.	or CREMATORY	23D. LQ		August 2	
BURIAL 24A, DATE REC'D BY	HEALTH DEPT.	24B. NAME	IBERTY PARK OF REGISTRAR		AL DIRECTOR		ID.	SS
All	G 2.5 1967 A	0.85	talkuns .	ISOL LE	EVINSON A	& BROS 6010	REISTER	STOWN RD



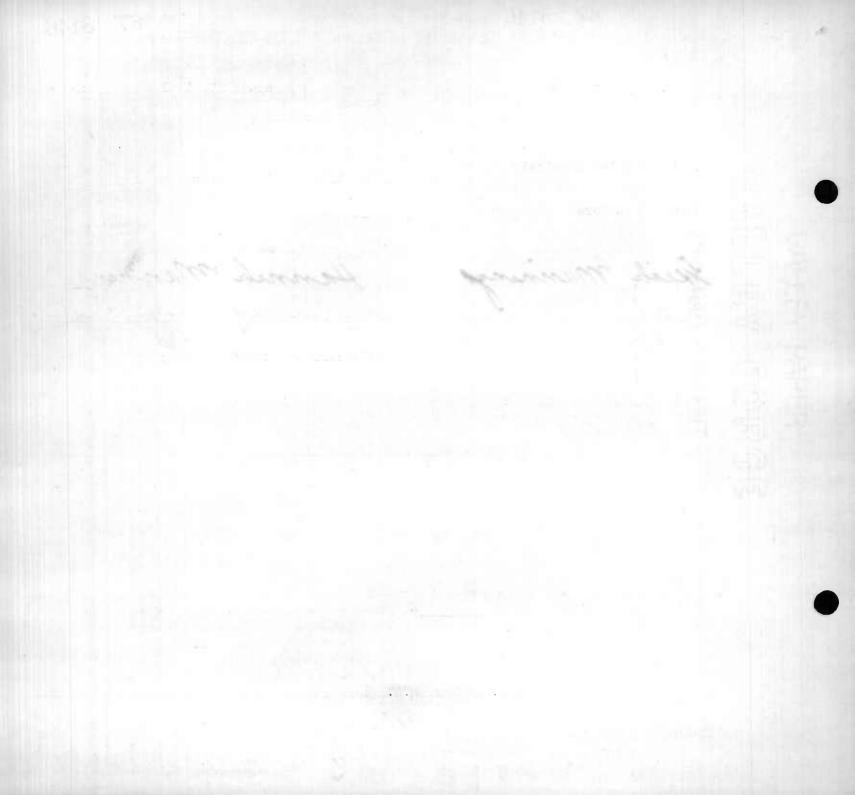
FUNERAL



Type or Pr	OF DECEAS	SED				AND HOUR OF DEAT	Н
		Willia	m J. H	ughes		20-67	
3. PLACE	OF DEATH	IN BALTIMORE, M.	ARYLAND		4. USUAL RESIDENCE (VA. STATE B. CO	Where deceased lived. If	institution; residence before admissi
FILL N	IAME OF	(If not in hospital	or institution	ave start	Md.		
HOSPIT	AL OR	addiess or location		give sireer	C. CITY OR TOWN (If	autside city limits write	e_RURAL and_give_township)
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M		Negroid		ried	9-8-99	67	
		KIION (Give kind at wa king life, even if retired)		BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	foreign country)	12. CITIZEN OF WHAT COUNTRY?
		•	1 /		N. C.		U. S.A.
3. FATHE	R'S NAME				14. MOTHER'S MAIDEN I	NAME	
		Um. Hu	ighes		Mary		
r 141 =	12			19.4	3		
		er in U. S. Armed For yes, give wor or do		SECURITY NO.	17. INFORMANT		ADDRESS
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NOTHE UNDER TO THE TO T	ANI ASES OR TO THE DEA' ASE OR CO THE OF OIL ACCIDENT ONTRIBUTIN H (notify me TIME (Notify me TIME (Not) TIME (Not) TIME (Not) TIME (Not) TIME (Type TIM	mean the mode of the course the course to th	f dying, e.g., s the disease, d deoth.) S any, giving stating the CONTRIBUTING ATED TO TH IT. NDITION FOR V RFORMED 21B. hom etc. Who who all) attended to see a live an ated above. (I	(B) DUE TO (C) GE CONGLS WHICH OPERATION PLACE OF INJURY (e.g., i re, form, foctory, street, or form) INJURY OCCURRED ille A1	20A. AUTOPSY? (Yes or not about 21C. WHERE DIE fifice bldg., INJURY OCCUR 21F. HOW DID 22F. HOW DI	IN CERTIFYING CO. (If in Baltim (I	E FINDINGS CONSIDERED CAUSES OF DEATH? For City, give exact facation 8 / 20 / 19 6; 19 Inlan death accurred an the cause of the second of the cause of the cau
NOOTHE TO THE TO	ANI ASES OR IO THE ERLYING CO THE DEA' ASE OR CO ACCIDENT ONTRIBUTIN H (notify me IMME (Notify the IUNY OX.) Certify the IGNATURE HYSICIAN'S IAME (Type AL CREMA	mean the mode of t	d dying, e.g., s the disease, d deoth.) s any, giving stating the contribution for the disease, d deoth.) contribution for the disease, d deoth.) 21B. Attended to the disease, decided alive an	(B) QUE TO (C) (C) GE CONGLES WHICH OPERATION PLACE OF INJURY (e.g., i re, form, foctory, street, or re, form, foctory, st	20A. AUTOPSY? (Yes or an action of about 21C. WHERE DIE ffice bldg., INJURY OCCUR 21F. HOW DID 22F. HOW DID 22F. HOW DID 23F. HOW DID 23F. HOW DID 24D 24D 24D	IN CERTIFYING CO. (If in Baltim (If in Baltim INJURY OCCUR? Ithat in(my) (our) a th. Stoff Phys. LOCATION (E FINDINGS CONSIDERED CAUSES OF DEATH? Bore City, give exact facation 8 20 19 6: plnlan death accurred an the cause of the second of the se
NOOLAND OTHE TO	ANI ASES OR IO THE ERLYING CO THE DEA' ASE OR CO ACCIDENT ONTRIBUTIN H (notify me IMME (Notify the IUNY OX.) Certify the IGNATURE HYSICIAN'S IAME (Type AL CREMA	mean the mode of t	d dying, e.g., s the disease, d deoth.) s any, giving stating the contribution for the disease, d deoth.) contribution for the disease, d deoth.) 21B. Attended to the disease, decided alive an	(B) QUE TO (C) (C) GE CONGLES WHICH OPERATION PLACE OF INJURY (e.g., i re, form, foctory, street, or re, form, foctory, st	20A. AUTOPSY? (Yes or an action of about 21C. WHERE DIE ffice bldg., INJURY OCCUR 21F. HOW DID 22F. HOW DID 22F. HOW DID 23F. HOW DID 23F. HOW DID 24D 24D 24D	IN CERTIFYING CO. (If in Baltim (If in Baltim INJURY OCCUR? Ithat in(my) (our) a th. Stoff Phys. LOCATION (E FINDINGS CONSIDERED CAUSES OF DEATH? Bare City, give exact facation! 8 / 20 / 19 6 plinlan death accurred an the cause of the second of t



M.E. CASE NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD
JAMES MANNING	August 22, 1967 3:50 p m.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Maryland C. CITY OR TOWN (If outside corparate limits, write RURAL and give fownship)
Johns HOpkins Hospital	Baltimore D. STREET ADDRESS (If rurol, give location) 1514 Ashland Avenue
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs.
Male Colored WIDOWED, DIVORCED (Specify)	Oct 21, 1909 last birthday Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY done duytha/most of working life, even if retired)	11. BIRTHPLACE (State or folding country) 7 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U.S. ARMED FORCES? /16, SOCIAL	17. INFORMANT ADDRESS
(Yes, no grunknawn) (If yes, give war ar dates of service) SECURITY NO.	Sellie Menning 1514 Polling
1B. CAUSE	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH Arte	eriosclerotic Cardiovascular
(This does not mean the mode of dying, e.g., heat foilure, osthenio, etc. It means the disease, injury ar complication which coused death.)	Disease
ANTECEDENT · CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
Z (C)	•
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION WAS PERFORMED (C)	
DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 119B, CONDITION FOR WHICH OPERATION	LOGA ALIZOREVA W. N. LOGB LE VEE MERE ENDINGE CONCERNA
WAS PERFORMED	20A. AUTOPSY? (Yes at No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
Z1A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	in ar about 21C. WHERE DID (If in Bultimore City, give exact location) office bldg., NJURY OCCUR?
OF INJURY	21 F. HOW DID INJURY OCCUR?
22.	topsy ond that on this basis, death in my opinion
resulted fram: Notural causes X Accident Suicide	
ACTUAL SIGNATURE M.D.	CHIEF MEDICAL EXAMINER XX DATE SIGNED ASSISTANT MEDICAL EXAMINER
EXAMINER'S NAME (Type) Russell S. Fisher, M.D.	ASSOCIATE MEDICAL EXAMINER
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY of	
Burial aug 26/67 M Call 24A. DATE REC'D BY HEALTH DEPT. 124B. NAME OF REGISTRAR	rang Com a de Crunty mal
AUG 25 1967 P. D. B. E. Faller MA	Milton & Elukan 1129n Punt
VS 151-REV. 1/1/65	

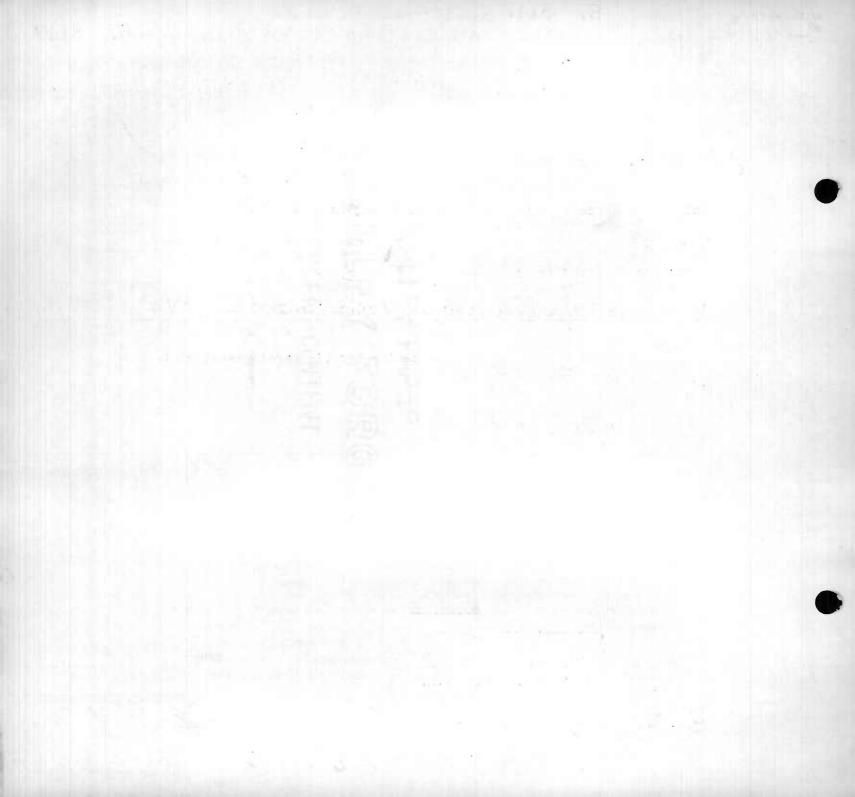


M-40 BIRTH NO.

67. 8147 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.67 8147

M.E. CASE NO.			
1. NAME OF DECEASED			2. DATE AND HOUR PRONOUNCED DEAD
BERTRAM	L. MORLEY		August 21, 1967 9:36 P. M.
3. PLACE IN BALTIMORE, MARYLANI	D, WHERE PRONOUNCED DEAD	4. USUAL RESID	ENCE (Where deceased lived. If institution: residence before admission) B. COUNTY
FULL NAME OF HOSPITAL OR ADDRESS OR I	OSPITAL OR INSTITUTION, GIVE STREET LOCATION)	C. CITY OR TO	WN (If outside corporate limits, write RUBAC and give ownship)
5208 St. Georges	Avenue		RESS (If rurol, give locotion)
3200 BC: 000160B	TIVE TIME	5208	St. Georges Avenue
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRT	9. AGE (In yeors ost birthdoy) 1 1993
Male White	Never married	Mary	26,1893 74
IOA. USUAL OCCUPATION (Give kind of done during most of working life, even if reti	Work 108. KIND OF BUSINESS OR INDUSTR	TY 11. BIRTHPLACE	(Stole or foreign country) V2. CITIZEN OF WHAT COUNTRY?
SINGER		heur	or, Rhode Sland U.S. A.
13. FATHER'S NAME	-10	14. MOTHER'S M	
140 pert Mor	129	2110	Rees
(Yes, no or unknown) (If yes, give wor or	dotes of service) 16. SO CIAL SECURITY NO,	17. INFORMANT	ADDRESS 12 CH 111 V
yes IST. W.	ord War 060-16-1151	Mrs. 10	obGude 27 E.11 - St. N.Y.
18.4221	CAUS	E OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION	N DIRECTLY		
LEADING TO DE	e of dving e.g.,	osclerotic	Cardiovascular Disease
heart failure, asthenia, etc. It m injury or complication which cou	neons the discose,		
ANTECEDENT · CA	IISES		
DISEASES OR CONDITIONS,	IF ANY, GIVING (B)	*****************************	
UNDERLYING CONDITION L			
20	(C)		
11		MINERAL I	
TO THE DEATH BUT NOT	RELATED TO THE		
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAU	CONDITION FOR WHICH OPERATION	TOO A ALLTORGE	(? (Yes or No) 20B, IF YES, WERE FINDINGS CONSIDERED
WAS	PERFORMED		IN CERTIFYING CAUSES OF DEATH?
ZIA. EXTERNAL CAUSE WAS	21B. PLACE OF INJURY (e.g.,	in or about 21C.	WHERE DID (If in Boltimore City, give exact location)
UTING CAUSE OF DEATH.	home, form, foctory, street, etc.)	office bldg., INJUR	Y OCCUR?
21 D TIME (Month) (Doy)	(Yeor) (Hour) 21E. INJURY OCCURRED	21 F. H	OW DID INJURY OCCUR?
OF INJURY (APPROX.)	WHILE AT NOT	WHILE	
22.	m. WORK AT V	WORK	
I certify that I held on	Inquiry Inspection X Au	otopsy on	d that on this bosis, deoth in my opinion
resulted from: Noturo	I couses X Accident Suicid	de Homic	ide Undetermined monner
1		CHIEF M	EDICAL EXAMINER DATE SIGNED
SIGNATURE ILLES	us h Trak	ASSISTANT M	EDICAL EXAMINER A
EVILLENIE	ner U. Spitz, M.D.		MEDICAL EXAMINER 8/22/67
23A. BURIAL CREMATION, 238. DAT	E 23C NAME OF CEMETERY	or CREMATORY	23D- LOCATION (City, town, or county) (Stote)
REMOVAL (Specify)	25,61 Ba, Mat	am	5501 Fund Pel mil
24A. DATE REC'D BY HEALTH DEFT.	248. NAME OF REGISTRAR	24C. FUNER	AL DIRECTOR ADDRESS
AUG 2 5 196	7 Robert E. Farleyman	Not	his to tolan not n
	about 2. Janes.	TPO /	cas as Justill Easting Ch
/S 151-REV. 1/1/65			1



V\$ 150-REV. 1/1/65

THE RESERVE OF THE COURT OF 200 - DH METERS HARREST 932 WERR LOWER 28 7681-35 4 M W Wronner WEW YORK CITY USE 800 JUST 000 VINNER FOSIGNA KANG Tanto ComeT PERMIN + SEPTEMBER 1995 - FREE Exchange Total Total Oxford Sign FIFT PECANOTIC CELLS YELL NO. NOOL WALL

Super 23 Colombias 18 67 diagnos 23

James P. Stordman

AVC.

None

TAMES F STORDING MED. MIDELY HOSPING CORTINALS ----

BIRTH NO.	67	8149	CERTIFICA	TE OF DEA		stered Na. 6	7 8149
1. NAME OF DEC	ACE DAYTO	N G	-OLLAHE	R	DATE AND HOUR	24-6	7 7:30 A. M.
FULL NAME HOSPITAL OR INSTITUTION	OF (If not in hospitol oddress or locoli	or institution, give	street	A. USUAL RESIDEN A. STATE Md, C. CITY OR TOWN	(If outside city	Ba	RAL and give township)
Union	MEMOR.	iAL H	osP.	BOX 65		locotion)	
S. SEX	6. RACE	7. MARRIED, NE WIDOWED, D	OVORCED (specify)	5-22-	20 9. AGE (I lost birthd	n years	Under 1 Yr. If Under 24 Hrs. Aonths Doys Hours Min.
	CUPATION (Give kind of wo working lile, even it retired) WEER		SINESS OR INDUSTRY	11. BIRTHPLA CE (Sto	U. Lak	y)	12. CITIZEN OF WHAT COUNTRY? 4.5.4.
GEORG	- 4 .1.	HER	.	14. MOTHERS MAI	DEN NAME	LLER	
15. Was Decease	d Ever in U. S. Armed Fo	rces? 16	SOCIAL SECURITY NO.	MK CARA	ARNETT	LAHER	ADDRESS
18.	SE OR CONDITION D	IRECTLY	CAUSE O		()	INTERVAL BETWEEN ONSET AND DEATH
heart foilure	LEADING TO DEATH not meon the mode o , asthenia, etc. It meon mplication which cause	f dying, e.g., s the disease,	DUE TO	elval l	lmost	rage	2 days
rise to Il	ANTECEDENT CAUSE OR CONDITIONS, if ne above couse (A)	ony, giving	(B) DUE TO	my an	bilu	wo wo	congenital
Z OTHER SIGN	G CONDITION Iosi.			1 /		/	
4.3	F OPERATION 198. CO		CH OPERATION	20 A. AUTOPSY? (Y	es or No) 20B, IF	YES, WERE FIN	DINGS CONSIDERED
OR CONTRIB	INT WAS UNDERLYING UTING CAUSE OF y medical examiner)		ACE OF INJURY (e.g., inform, foctory, street, of			If in Boltimore C	City, give exact location)
21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeor	(Hour) 21E. IN While Work	JURY OCCURRED At Not While At Work		DID INJURY OCC	OUR?	
	that (I) this haspite	ottended the	deceased from			_	8-24 19 67 , an death accurred on the date
	d fram the causes st						B, DATE SIGNED
23C. PHYSICI NAME (ank Oal	misar	10 Phy	s. Med. Direct	or Stoff Phys.		8-24-67
24A. BURIAL CR	EMATION, 248. DATE	24C. NAMI	M.D.	MATORY	24D. LOCATION	(City,	town, or countyl (State)
BURIA 25A. DATE RECT	AUG 28 1987	3584 NAME OF	aney Va	2SC. FUNERAL D	O CO C	Keys	oille, mes
V\$ 150-REV, 1/1.	/65	Throw (4)	Acres and	Wan. Cos	It Branks	10W	eo ex Inc

HONNE STORY GOLLAHER

- but

BALTE

UNION MEMORIAL HOSP BOX 651 POUTE 15

MARRIED 5-22-20 47 m m

ENGINEER MARTIN-MARIETTA WITH. 4.2.13

> CHTRERINE MILLER GEONGE GOLLAHER

3 Mrs. GARNETT GOLLANER. Cunin culd SAME

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being anunpun angented

8-24

8-24-67

IMPORTANT

DIRECTOR:

FUNERAL

(If outside city limits, write RURAL and give township) If Under 1 Yr. If Und Months: Days Hours If Under 24 Hrs. 12. CITIZEN OF WHAT COUNTRY? ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimare City, give exact location) and that in (prf) (aur) opinian death accurred an the date VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

ASTHURTTON TOWNSHIP LOWER CHEROSIS OF LIVER, (RIGHL) 17 + Est 8 8 / 13 Bon Seroure Hospital THIS KAP KING

VS 150-REV. 1/1/65

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IMPORTANT

FUNERAL DIRECTOR:

VS 150-REV. 1/1/65

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BALTIMORE CITY HEALTH DEPARTMENT

If Under 24 Hrs.

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Hours

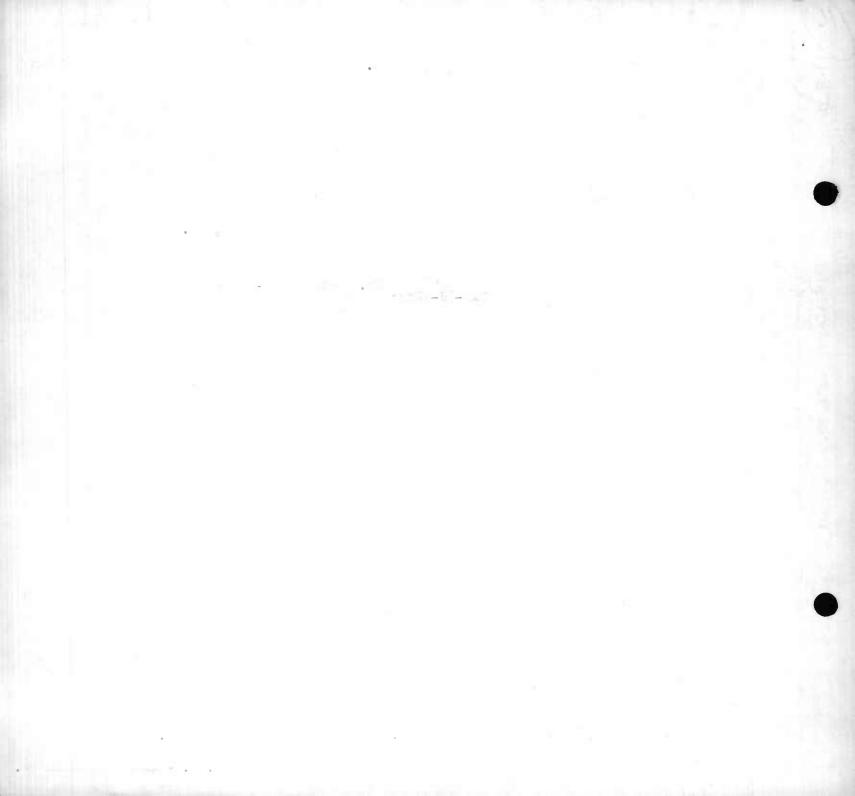
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INTERVAL BETWEEN ONSET AND DEATH

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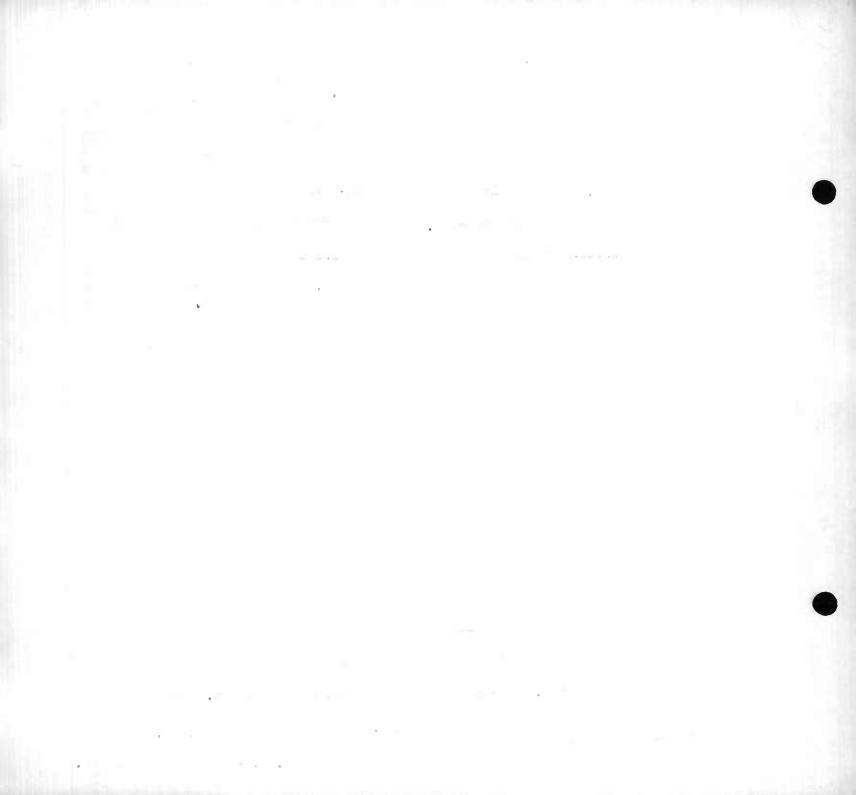
BIRTH NO.	67 8	3153		HEALTH DEPARTMENT	Registered No.	67. 8153
M.E. CASE NO. 1, NAME OF DEC	EASED			TE OF DEATH	NO HOUR OF DEATH	
Type or Print)	PINKNEY, JA	AMES EDV	VARD		gust 19, 19	
. PLACE OF DEA	TH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (Wh.	ere deceased lived. If i	nstitution: residence before admission
FULL NAME O HOSPITAL OR INSTITUTION	F (If not in hospital oddress or location	ar institution, p) inist.rat	give street tion Hospital	Maryland Ba	ltimore	RURAL and give Jawnship)
27	3900 Loch Rar Baltimore, M	ven Boul	Levard	18	rural, give location)	52-06
				5910 Belgrov		
Male	Negro	Marri	D, DIVORCED (specify)	3-17-21	9. AGE (In years last, bighday) 40	If Under 1 Yr. If Under 24 h Months Doys Haurs Min.
	working life, even if retired)	Unkno		11. BIRTHPLACE (State or for South Carolin		12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME Ernest F				14. MOTHERS MAIDEN NA Wilhelmina By		
5. Was Deceased Yes, no or unknown Yes	Ever in U. S. Armed For of the lift yes, give wor or dote 5-19-43 to	s of service)	16. SOCIAL SECURITY NO. 214-16-5123	V. A. Hospital		ADDRESS , Md. 21218
(This does in heart failure, injury ar cam DISEASES Crise to the UNDERLYING	E OR CONDITION DIL LEADING TO DEATH not mean the made at asthenia, etc. It means uplication which caused ANTECEDENT CAUSES OR CONDITIONS, if a abave cause (A) G CONDITION last. Il FICANT CONDITIONS	dying, e.g., The disease, death.) any, giving stating the	Peric (B) DUE TO	nary Edema arditis-fibrof:	ibrinou	ONSET AND DEATH
	EATH BUT NOT RELACED CONDITION CAUSING OPERATION 19B. CON WAS PER	IT.	WHICH OPERATION	20 A. AUTOPSY? (Yes or N	10) 20B. IF YES, WERE	FINDINGS CONSIDERED
OR CONTRIBLE DEATH (notify	NT WAS UNDERLYING DING CAUSE OF medical examiner	218 han	S. PLACE OF INJURY (e.g., in ne, form, factory, street, off .)	ar obout 21C. WHERE DID ince bidg., INJURY OCCUR?	(If in Boltimo	Yes
21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeor)		INJURY OCCURRED Not While At Work	21 F. HOW DID IN	JURY OCCUR?	
that 🌇 (we)	6/	ed alive an	August 19,	lew the bady after death.	hat In (My) (aur) op	inian death accurred an the a
23C. PHYSICIA NAME (T	Angu		Phys	Baltimore, Ma	en Blyd 21246	9/20/67 3 Eity, town, or county) (State
BURIA SA. DATE REC'D	AUG 2 5 1967	25B. NAME	ALTO VATL OF REGISTRAR	25C. FUNERAL DIRECTO	HUTO M	10, MONTGUMER
S 150-REV. 1/1/		المانوا	o c', Tollseyma	LIG DRUM	10.00 10.	JULI TOTO TOTO TEL

THE NAME OF DEATH IN EATHORS. MARIAND SECURITY OF SERVE	and ased the Such	M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH	7. 8154
D. STREET ADDRESS DE UNITED STREET DE LANGE DE L	0 = 0 0 E .	3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution A. STATE B. COUNTY FULL NAME OF HOSPITAL OR address or locofion)	Howard
does giving most of eachign life, even if retired) Second Sec	red in a cuting case actions are aftered prior to de.	34 BON SECOURS HOSP. Ellicott City & D. STREET ADDRESS (If rural, give legation) 392 ORCHORD HVE.	1043 63
3. AATHERS NAME 14. MOTHERS MAIDEN NAME 14. MOTHERS MAIDEN NAME 14. MOTHERS MAIDEN NAME 15. Was Deceased Ever in U. S. Amed/forces? 16. SOCIAL 17. MOTHERS MAIDEN NAME 15. Was Deceased Ever in U. S. Amed/forces? 16. SOCIAL 17. MOTHERS MAIDEN NAME 15. Was Deceased Ever in U. S. Amed/forces? 16. SOCIAL 17. MOTHERS MAIDEN NAME 15. Was Deceased Ever in U. S. Amed/forces? 17. MOTHERS MAIDEN NAME 15. Was Deceased Ever in U. S. Amed/forces? 17. MOTHERS MAIDEN NAME 15. Was Deceased Ever in U. S. Amed/forces? 17. MOTHERS MAIDEN NAME 15. Was Deceased Ever in U. S. Amed/forces? 17. MOTHERS MAIDEN NAME 15. Was Deceased Ever in U. S. Amed/forces? 17. MOTHERS MAIDEN NAME 15. Was Deceased Ever in U. S. Amed/forces? 17. MOTHERS MAIDEN NAME 15. Was Deceased Ever in U. S. Amed/forces? 17. MOTHERS MAIDEN NAME 16. MOTHERS MAIDEN NAME 16. MOTHERS MAIDEN NAME 17. MOTHERS MAIDEN NAME 18.		[[] [[[[[[[[[[[[[[[[[ths Doys Hours M
This does not mean the mode of dying, e.g., but follows a state of the course of the c	stant if de ne direct o ind; (4) Un leath was e on the o	13. FATHER'S NAME Heiner, Harry 15. Was Deceased Ever in U. S. Armed/Foices? (Yes, no or unknown) (If yes, give woi oi dotes of service) 16. SOCIAL Dr. JOWIN Gail - Same	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION NCERTIFYING CAUSES OF DEATH? 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID OR CONTRIBUTING CAUSE OF DEATH? 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID OR CONTRIBUTING CAUSE OF DEATH? 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimote City, give exact locohon) home, lorm, foctory, street, office bidg., INJURY OCCUR? 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 22L I certify that W(this haspital) attended the deceased from Attending 19 A. To and that Injury (our) apinion death accurred on and hour and from the causes stated abave. (II) (Wa) (did) (did not) view the bady after death. 23D. ADDRESS NAME (1) AND ARREST 23D. ADDRESS NAME (1) AND ARREST 23D. ADDRESS NAME (1) AND ARREST 24C. NAME of CEMETERY of CREMATORY (24D. LOCATION (City, lown, or county)	examiner or examiner. A 3) A fracture who prono n regular at	DISEASE OR CONDITIONS, if ony, giving rise to the obove couse (A) stabing the CO. CAUSE OF DEATH (A) Interference (A) Inter	INTERVAL BETWEEN
DEATH (notify medical examines)		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	IGS CONSIDERED OF DEATH?
22. I certify that (I) (this haspital) attended the deceased from County and that Info (our) apinion death accurred an and haur and from the causes stated above. (I) (Wa) (did) (did not) view the bady after death. 23A. SIGNATURE 23B. DATE SIGNED Attending Med. Stoff Phys. Phys. Stoff Phys.	y th ital he; ('	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR? DEATH (notify medical examinet) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURED 21F. HOW DID INJURY OCCUR?	
24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) Burial S/28/67 Woodlawn Com	e must be appro released to the accident of any r a hospital (exc or to death); an	22. I certify that (Mi(this haspital) attended the deceased from Old 2012 and 19 0 to Old that (We) last saw the deceased alive an and haur and from the causes stated above. (I) (We) (did) (did not) view the bady after death. 23A. SIGNATURE 23B. M.D. Attending Med. Stoff Phys. 23B. ADDRESS NAME (Type) 23D. ADDRESS	death accurred on th
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS AND 25 1967 Registrar 25C. FUNERAL DIRECTOR F. D 4101 Edmondso	Sod Sod D.O ase	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City. 10v Burial S/28/67 Woodlawn Ceme Baltimore, Md.	vn, or county) (St



9	4	4	7	0	4	
9/3/	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	
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	ust	eds	ide	105	po	E
	E B	re	acc	0	r +c	Val
	cat	VOS	An	at	pric	written approval must be obtained before the remains are embalmed or final disposition is made.
	+ifi	7	\equiv	D.A	pe	db
	200	bod	NS:	0	905	ten
	his	he	hov	Vas	ec.	vrit
		-	W	5	O	5

BIRTH NO. M.E. CASE NO.	6/	0100	ATE OF DEAT		67 8155
1. NAME OF DEC			2. DA	TE AND HOUR OF DEAT	~ ^ ^
•		M. Mazzare		August 25,]	
FULL NAME C	ATH IN BALTIMORE, MAI	or institution, give street	A. STATE B.	COUNTY	institution: residence before admission
HOSPITAL OR	oddress or locotion		Baltimore		e RURAL ond give township)
00			b. street address 808 Glen	Allen Drive	
F. SEX	Cauc.	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH Aug. 27/08	9. AGE (In years lost birthdoy) 58	If Under 1 Yr. If Under 24 Hr. Months Doys Hours Min.
	working life, even if retired)	Telephone Co.	New Je		12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAI	te Wid	_	14. MOTHER'S MAIDE	N NAME	
5. Was Deceased fes, no or unknown	Ever in U. S. Armed Force) (If yes, give wor or dote:	es? s of service) 16. SOCIAL SECURITY NO.		llio Mazzare n Allen Dr.	ADDRESS
DISEASES (rise to the Underlying	ANTECEDENT CAUSES OR CONDITIONS, if a above couse (A) CONDITION last.	DUE TO DUE TO Stating The (C) ONTRIBUTING			
DISEASE OR	OPERATION 198. CONI	DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes	or No. 208. IF YES, WER	RE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIB	NT WAS UNDERLYING DITING CAUSE OF	21B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.)	in or about 21 C. WHERE office bldg., INJURY OCC	DID (If in Boltist	nore City, give exact location)
21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeo)	(Hour) 21 E. INJURY OCCURRED While At Not W. Not W. At Wo.	nile 🗀	ID INJURY OCCUR?	
	that (I) (this hospital	d olive on 8/2/	17	ond that in(my) (our) a	8/25 19 6 pinion deoth accurred on the de
ond hour an 23A-SIGNATU 23C. PHYSICIA NAME (1	ente.	Reiter M.D. A.R.	ttending Med, bys. Director	Stoff Phys,	238, DATE SIGNED 8/25/67 2/238
24A. BURIAL CRE REMOVAL (Burial		24C.NAME of CEMETERY or Co Lakeview Cer		Baltimore, N	(City, town, or county) (Stote)
25A. DATE REC'D	AUG 25 1967	25B. NAME OF REGISERAR	25C. FUNERAL DIR		ADDRESS



67. 8156 BALTIMORE CITY HEALTH DEPARTMENT
AFDICAL EXAMINER'S CERTIFICATE OF DEATH Registered Ro.

DIK	IN NO.		MILDIC	AL LA	MAIII AFK 2	LKIIII	AILOII	JLA III Kegis	Tored Hus		-
_	E CASE NO.										
î.	NAME OF DEC	EASED					2. DATE AN	D HOUR PRONOUN	CED DEAD		
,		lvia)	ELZIA		BROOKS		August	23, 1967		6:55	P. M.
3. 1	LACE IN BALT	MORE MAR	YLAND, WHE	RE PRONO	INCED DEAD	4. USUAL F	RESIDENCE (Where	deceosed lived. If in	stitution: resid	dence bofore o	
FU	LL NAME OF	(IF NOT I	N HOSPITAL	OR INSTITU	JTION, GIVE STREET		Maryland				
HO	SPITAL OR	ADDRESS	OR LOCATIO	(NC	THOM, OTTE STREET	C. CITY OR	TOWN (If outside	e corporate limits, w	rite RURAL or	nd give towns	hip)
114.3	A A						Baltimore		/	0-01	
	()()	521 N.	Carrolt	on Ave	nue	D. STREET	ADDRESS (If rurol,	give location)			
							621 N. Ca	rrolton_Av	enue		
5. 5	EX	6. RACE			NEVER MARRIED DIVORCED (specify)	B. DATE OF		9. AGE (In year lost birthdoy)	s If Under	1 Yr. If Under	
ī	Zomo lo	Magaz				37.000	0 7007	1.0	1010111113	Doys	1
IOA	emale	Negro PATION (Give	kind of work 10	B. KIND OF	PIED BUSINESS OR INDUST	RY IT. BIRTHPLA	CE Stole or foreign	40	12. CITIZI	EN OF	
don	e during most of w	orking life, eve	n if retired)						WHA	T COUNTRY?	
20	DOMES TATHER'S NAM			Pr	lvate	Coun	CII, Nort	h Caroli	na	USA	
13,	FAIREKS NAM	C				14. MOTHER	S MAIDEN NAM				
	G:	range	Elliot	t		El	via Jane	Mosby			
	WAS DECEASED				16. SO CIAL SECURITY NO.	17. INFORMA			ADDRESS		
116:	No	iii yes, give	wor or goles c	n service	JECOKITI NO.	Rober	t Brooks	621 N.C	arroll	ton A	ve.
	1B,	O.X			CAUS	E OF DEATH				INTERVAL B	
	DISEAS	E OR CONT	DITION DIREC	CTLY						ONSE! AND	DEATH
		LEADING T	O DEATH		(A) In	tracrani	al hemorr	hage			
	(This does n	ot meon the	mode of d	ving, e.g.,	DUE TO					•••••••	
	injury or con	plication which	ch coused dea	th.)					100		
	Δ.	NTECEDENT	CAUSES		D	ntumed a					
			ONS, IF ANY	. GIVING	(B) Ku DUE TO	prured s	accular a	neurysm			
	RISE TO THE	G CONDITI	USE (A) STAT	ING THE	501.10						
z	ONDEKLINA	G COMDITI	ON LASI.		(C)						
0		11									_
A	OTHER SIGN		NDITIONS CO	NTRIBUTII	NG.						
윤	TO THE	DEATH BUT	NOT RELAT	TED TO T							
RT			CAUSING IT		WHICH OPERATION	20A AUT	OBEV2 (V N-)	DOD IF YES WERE	CINDINGS	ON SID SOSD	*************
CERTIFICATION	5	O' EKA IION	WAS PERFO		WHICH OFERATION			208. IF YES, WERE			
	21 A. EXTERNAL	CALLE WA		010	DI A CE OF INITION		Yes	Yes			
Ö	UNDERLYING	OR CONTRIB		home	PLACE OF INJURY (e.g., form, foctory, street,	office bldg., IN	JURY OCCUR?	ill in Boltimore City,	give exoct to	cotion?	
MEDICAL	UTING LCAUS	E OF DEATH	١.	etc.)							
Σ	21D TIME	(Month) (D	loy) (Year)	(Hour) 2	TE. INJURY OCCURRED	21	F. HOW DID INJU	JRY OCCUR?			
	OF INJURY (APPROX.)			V	HILE AT NOT	WHILE					
	22.			m. V	VORK L AT	WORK					
		ify that I he	ld an Ing	uiry 🗌	Inspection A	utapsy X	and that on thi	is basis, death in	my apiniar	1	
	result	ed fram: N	atural cause	A Y	ccident Suici	de Ho	micide 🗌 👢	Indetermined mar	ner		
			A 4	A)						
	ACTUAL	11	10 -		1		F MEDICAL EX			DATE SI	GNED
	SIGNATI		plo.	ch.	- 7 M.I	D. ASSISTAN	T MEDICAL EX	AMINER A			
	EXAMIN	ER'S Ch	arles S	Spr	ingate, M.D.	ASSOCIAT	E MEDICAL EX	CAMINER	A	2/	1007
22.6	NAME (1	ype)					100.0			st 24,	
	MOVAL (Specify		B. DATE		C. NAME OF CEMETERY				ty, town, or c		(Stoto)
	Buri		8-27-6		Carvis Cre			rvis Cre		th Car	rolin
24/	A. DATE REC'D	BY HEALTH	DEPT.	48, NAME	OF REGISTRAD	24C. FU	NERAL DIRECTOR		A	DDRESS	
		MIG 25	1967 (Pres 15	E. Jakey M.	Lev	vis T. G	wynn 2707	Rugo	ombe T	000
			1991 9			201	1 1				
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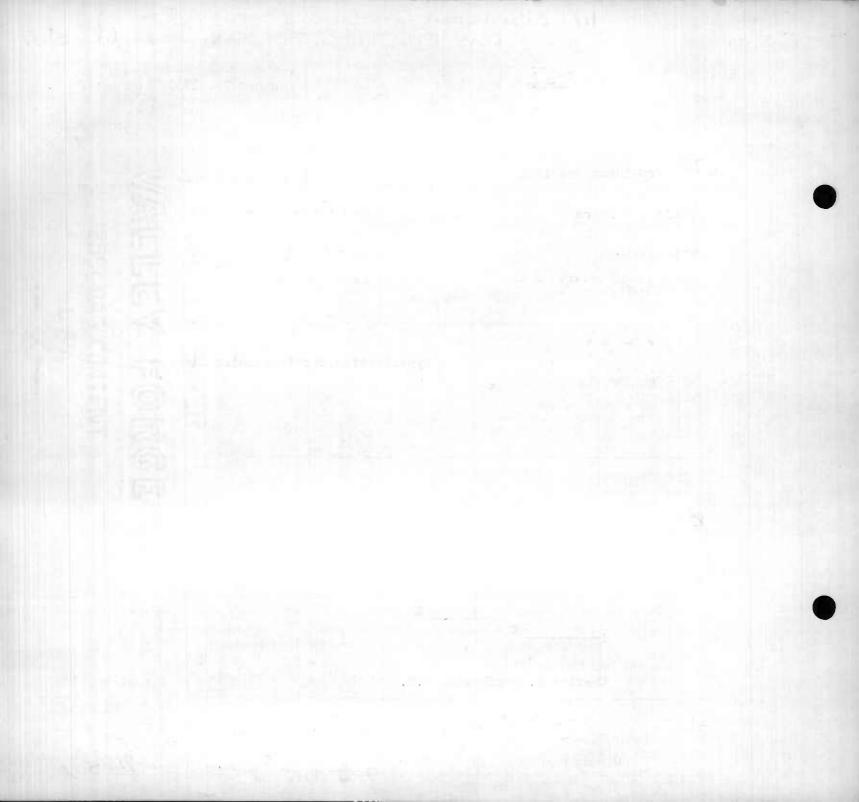
WILLIAM STREET, TORON . I WAS ę r Water Company of the Court Property and the Galacters, tevel at term what and are all to it. Part 2, Tarne Part Reinstein

G-63 BIRTH NO.

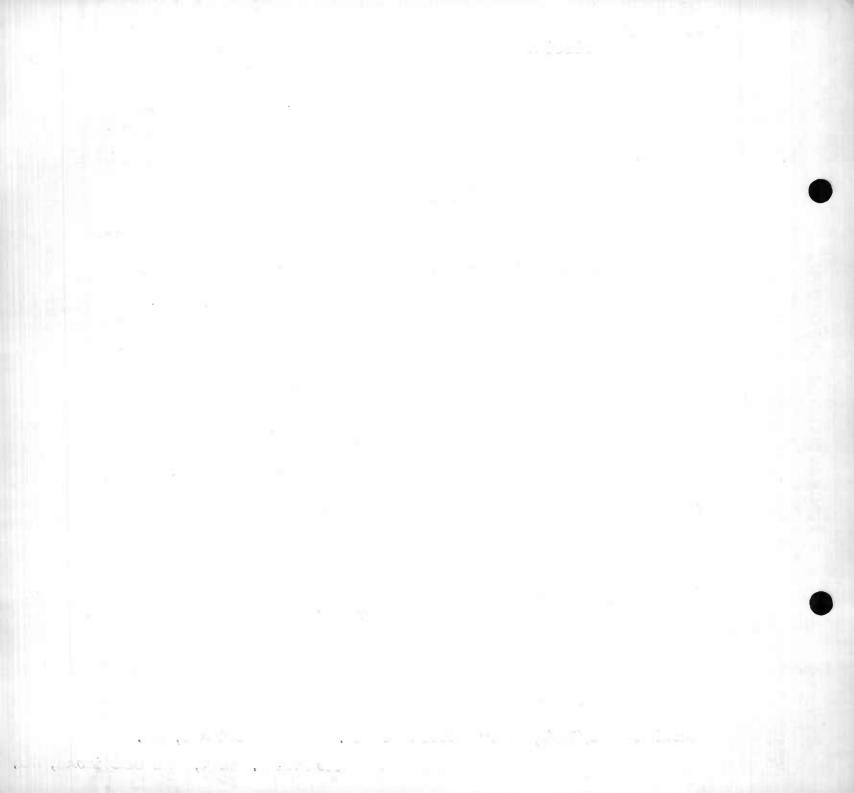
67 8157 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 8157

TAILL	JICAL LI	AMIII TER 5 C	LICHICA	CIL OI DEATH	0101
M.E. CASE NO.					
1. NAME OF DECEASED AZAL		RANT		August 23, 1967	
3. PLACE IN BALTIMORE, MARYLAND,	WHERE PRONOL	JNCED DEAD	4. USUAL RES	IDENCE (Where deceased lived, II in B. CO	
FULL NAME OF (IF NOT IN HOSP)	ITAL OR INSTITU	JTION, GIVE STREET		Maryland	
FULL NAME OF (IF NOT IN HOSPI HOSPITAL OR ADDRESS OR LOC INSTITUTION	CATION)		C. CITY OR TO	OWN (If outside corporate limits, wri	te RURAL and give township)
				Baltimore	16-01
39 Provident Hosp	ital		D. STREET AD	DRESS (If rurol, give location)	
7				818 Fremont Avenue	
5. SEX 6. RACE	7. MARRIED, WIDO WED.	NEVER MARRIED DIVORCED (specify)	B. DATE OF BIE	last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
Female Negro	win	lowed	april	12,1902 65	
IOA. USUAL OCCUPATION (Give kind of w		BUSINESS OR INDUSTR	Y 11. BIRTHPLAC	E (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even it retired	"		S.	C	WHAT COOKINI.
13. FATHER'S NAME			14. MOTHER'S	MAIDEN NAME	
Terry lan	ce		alie	e Walta	
15. WAS DECEASED EVER IN U.S. ARM		16. SO CIAL	17. INFORMAN		ADDRESS
(Yes, no orunknown) (If yes, give war or do	ites of service	SECURITY NO.	700		
1B.		CALLSE	OF DEATH	wy	INTERVAL BETWEEN
7701		CAUSE	OI DEATH		ONSET AND DEATH
DISEASE OR CONDITION LEADING TO DEA		77 to			
(This does not mean the mode	of dying e.g.,	(A) Hypert	ensive ca	ardiovascular disea	ise
heart failure, asthenia, etc. It mea injury or complication which couse	d deoth.)				
ANTECEDENT CAUS	SES.				
DISEASES OR CONDITIONS, IF		(B) DUE TO			
RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LAS	STATING THE				
		(C)			
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT I DISEASE OR CONDITION CAUSII 19A. DATE OF OPERATION 19B. CC					1163/21
OTHER SIGNIFICANT CONDITION					
E DISEASE OR CONDITION CAUSI		**********************			
19A, DATE OF OPERATION 19B, CO	ERFORMED	WHICH OPERATION	20 A. AUTOP	SY? (Yes or No) 20B. IF YES, WERE I	
0.0				No	
ZIA, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	21 B, home etc.)	PLACE OF INJURY (e.g., e, form, foctory, street,	in or obout 21C.	WHERE DID (If in Boltimore City, RY OCCUR?	give exact location)
ZID IIIVIE (Monin) (Doy) (II	eor) (Hour) 2	TE. INJURY OCCURRED	21 F.	HOW DID INJURY OCCUR?	
OF INJURY (APPROX.)		WHILE AT NOT	WHILE		
22. I certify that I held an		Inspection X Au		and that on this basis, death In	my apinion
resulted fram; Natural o	auses X	Accident Suicid	le Hami	cide Undetermined man	ner 🗌
		· 1	CHIEF	MEDICAL EXAMINER	
ACTUAL (< J.]	and the	A CC1C T A NIT	MEDICAL EXAMINER	DATE SIGNED
SIGNATURE SIGNATURE	0 0	M.D	•		
EXAMINER'S Charles	S. Spri	ngate, M.D.	AJJUCIATE	MEDICAL EXAMINER	August 24, 1967
23A. BURIAL CREMATION, 23B. DATE	23	C. NAME of CEMETERY	OF CREMATORY	23D. LOCATION (Cit	ly, town, or county) (Slote)
REMOVAL (Specily) 8-2	7-67	POC	t	· lant o	1.0
24A. DATE REC'D BY HEALTH DEPT.	24B. NAME	OF REGISTRAR	24C. FUNI	ERAL DIRECTOR	ADDRESS
		RO 7.0. 4	0 0	2. 1 001	1011-13 ADDRESS
AUG 2 5 196	Ol Ole See	DE CONSER	Sull	wan huneral Ho.	me - M. Wilington a
VS 151-REV. 1/1/65	*	1	0	. 0	



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	FRANK	C. NOT	00		t 23, 1967.	7 A.M.
FULL NAME HOSPITAL OF		or institution, on)		A. STATE Md. C. CITY OR TOWN (If o	utsido city limits, writo Baltimore Turol, give location)	
() () 5. SEX	6. RACE	7 MARRIED	NEVER MARRIED	B. DATE OF BIRTH	8 Chesterfi	old Avenue
Male	White		OWOCK (specify)	Dec. 29, 1896.	last birthday) 70	Months Doys Hours Min.
	al working lite, even if retired)		BUSINESS OR INDUSTRY LIE Fruit Buse	11. BIRTHPLACE (State or for Italy	eign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NA		V - A -		14. MOTHER'S MAIDEN NA		
5 Was Dassas	Vincent 1 ed Ever in U. S. Armod Fo		11 4 500141	17 INFORMANT	Rosalie Re	Phardo
Yes, no or unknow	wn) (If yes, give wor or dot	es al service)	217-05-1608	Mrs. Francine	Hofmann, 190	O Belvedere Ave.
(This does heart failure injury or co	ASE OR CONDITION DI LEADING TO DEATH not meen the mode of e, osthenio, etc. It meens emplication which caused ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A)	f dying, e.g., s lhe diseose, d death.) S	(в) Нуре	e myocardial in rtension; aorti ic insufficienc ure	c stenosis;	Sudden 27 years
O OTHER SIG		ATED TO TH	G E WHICH OPERATION	20A. AUTOPSY? (Yos or N	o) 208. IF YES, WERE IN CERTIFYING CA	
OTHER SIGN TO THE DISEASE O 19A. DATE (OR CONTRIBUTION OF CONT	II NIFICANT CONDITIONS (DEATH BUT NOT REL. R CONDITION CAUSING OF OPERATION 19B. CON	ATED TO TH	WHICH OPERATION PLACE OF INJURY (o.g., i		IN CERTIFYING CA	
OTHER SIG TO THE DISEASE O 19A. DATE (21A. ACCID OR CONTRI	NIFICANT CONDITIONS DEATH BUT NOT REL. R CONDITION CAUSING OF OPERATION 19B. CON WAS PER DENT WAS UNDERLYING BUTING CAUSE OF	ATED TO TH IT. NOTITION FOR V REFORMED 218, hom etc. (Hour) 21E,	PLACE OF INJURY (o.g., i e, form, foctory, stroot, o	no or obout 21 C. WHERE DID INJURY OCCUR?	IN CERTIFYING CA	USES OF DEATH?
VOLUME SIGNOTION THE DISEASE OF TO THE DISEASE OF TO A COLUMN THE DEATH (notice of INJURY (APPROX.) 21D. TIME OF INJURY (APPROX.) 22. I certification that (I) XXX ond hour of the proximal	NIFICANT CONDITIONS (DEATH BUT NOT REL R CONDITION CAUSING OF OPERATION 19B. COT WAS PER BUTING CAUSE OF illy medical examiner) (Manth) (Day) (Year) Fy that (1) (This Course) Ty that (1) (This Course)	ATED TO THIS ATEN TO THE STATE OF THE STATE	PLACE OF INJURY (o.g., in the form, fociory, stroot, on the form, fociory, stroot, on the fociory of the focior	no n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID IN E	JURY OCCUR? 19 10 to Augunto In (my) (2006) opi	uses of DEATH? e City, give exact location) 1s.t

Name and the first of the same of the same

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and the same

VS 150-REV. 1/1/65

Interval, Error

According to the Contract of

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1411 St. 18-11.11.

THE STATE OF THE

1.5. 15...

. Daniel St. J. Thurst

W. ATTA. .

VS 151-REV. 1/1/65

67 8163

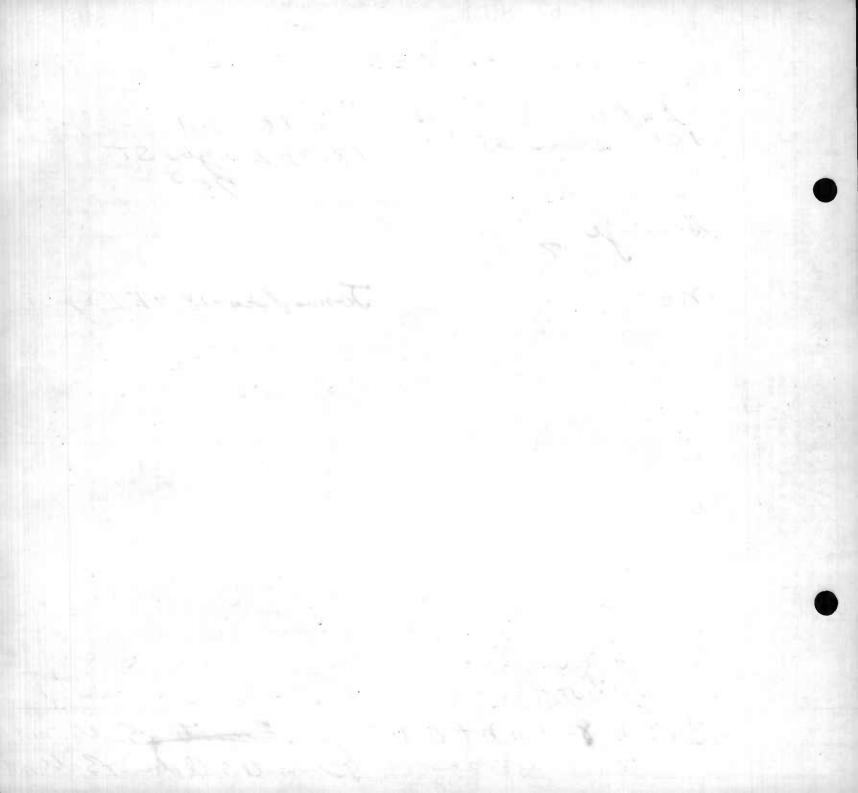
BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.7 8163

M.E. CASE	NO	- TE E	WWW TERES CE	-KINIO/KIL C	DE/ TITLE		
	OF DECEASED			2 DA1	E AND HOUR PRONOUNC	ED DEAD	
(Type or Pr	int)	makkaria.	BEAUCHAMP				
3. PLACE I	CARROLL W. E			4. USUAL RESIDENCE ()	August 22, 196	titution: residence bo	:45 p M.
		THE PROPERTY			Where deceased lived, If inst		
FULL NAM HOSPITAL INSTITUTIO	OR ADDRESS OR LOCA	AL OR INSTIT	UTION, GIVE STREET		outside corporate limits, write	e RURAL ond give	township)
00	314 S. Collins	Street	Avenue	Baltimor D. STREET ADDRESS ()	f rural, give location)	Avanua	
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	11ins Street	Avenue	f Under 24 Hrs
Ma1		WIDO WED,	DIVORCED (specify)	9/3/08	9. AGE (In years lost birthday) 59% 58	Months Doys	
IOA, USUA	OCCUPATION (Give kind of worl most of working life, even if retired)	108. KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote of Virginia		12. CITIZEN OF WHAT COUNTY	VTRY?
13. FATHER	'S NAME			14. MOTHER'S MAIDEN	NAME		
	Frank Bes	uchamp			Frances King		
	RECEASED EVER IN U.S. ARMED	FORCES?	16. SO CIAL SECURITY NO. 219-28-6232	17. INFORMANT Enoch Be		ADDRESS	
DISI RISE UNI	DISEASE OR CONDITION DI LEADING TO DEATH does not meen the mode of foilure, asthania, etc. It means y or complication which coused ANTECEDENT CAUSE EASES OR CONDITIONS, IF A TO THE ABOVE CAUSE (A) S' DERLYING CONDITION LAST. II	dying e.g., the discose, death.) S .NY, GIVING TATING THE	(B) DUE TO (C)		Cardiovascula isease	r	
DISIO DISI	THE DEATH BUT NOT RE	LATED TO	WHICH OPERATION	20.6 ALITORY2 (Vo.	or No) 208, IF YES, WERE FI	NDINGS CONSIDE	DED
₹ 21 A, E	WAS PER	FORMED 21 B.		YES	IN CERTIFYING CAU YE	SES OF DEATH?	
UNDER UTING 21D TI OF INJ (APPRO	URY	etc.)	WHILE AT NOT W	21F, HOW DIE	O INJURY OCCUR?		
22.	I certify that I held an I			₹ 7	on this basis, deoth in m	ny opinion	
	resulted from: Natural ca	uses X	Accident Suicide	Hamicide .	Undetermined mann	er 🗌	
SI	CTUAL GNATURE XAMINER'S	Kark	M. D.	CHIEF MEDICA ASSISTANT MEDICA ASSOCIATE MEDICA		DAT	E SIGNED
		S. Fis	her, M.D.	AUGUSTA I E MEDICA		August 23,	1967
23A. BURI	AL CREMATION, 238 DATE		C. NAME OF CEMETERY OF	CREMATORY		, town, or county)	(Stote)
Burj		57	New Cathedral	Cem.	Baltimore,	Md.	
24A. DATE	AUG 25 1967		of REGISTRAN	24C. FUNERAL DIRE Witzke F.	D 4101 Edm	address ondson Ave	

1 3 3 1 mm graduate dans Attachment Library Continues

1.1	-470	400	67 8164 SEPTIFICATE OF DEATH Registered No.	PM 0404
w	DED OF		H NO. CERTIFICATE OF DEATH Registered No	8164
	at at the the	1. N	AME OF DECEASED 2. DATE AND HOUR OF DEATH	
	- B O E	(Тур	OF Print) CONNIE WILLENS 8.17.67	19 .206 M.
	2000	3. 1	LACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If instit	ution: residence before admir sion)
	se (5) and		TULL NAME OF (If not in hospital or institution, give street)	
	a ho ause e; (5 ndan		OSPITAL OR Oddress or location) NSTITUTION C. CITY OF TOWN (If outside city limits, write RUF	RAL and give township)
	0 8 0	Yo.	1615 B) STREET ADDRESS (If rurol, give location)	1-01
	ting d cat r att prior	14	1.3 () () () () () () ()	ST
22.	- 3 0 B	5. 5		If Under 1 Yr. If Under 24 Hrs. Aonths Doys Hours Min.
	occurribu ermine regula eased is mad		WIDOWED, DIVORCED (specify)	Notifies Doy's Hoors With
	in reserve			12. CITIZEN OF WHAT COUNTRY?
	or or nder		Junea 12	
	d d d	13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME	Y
E	direct or confined to the disposition			
Z	0 0 0 0	15. Y	Nos Deceased Ever in U. S. Armed Forces? And or unknown) (If yes, give wor or dates all service) 16. SOCIAL 17. INFORMANT SECURITY NO.	ADDRESS
7	assista if the ny kinc d dea lance r final	1	no James 1/ice-1809	E. KagnST
MPORTAN	8 4 CO 0 L		18. CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
3	G G T + O -		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	2
=	Pa Se E		(This does not mean the made of dying, e.g.,	
~	ner. actur pror ular mbal		heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	
OR	A fragul		ANTECEDENT CAUSES	
ECT			DISEASES OR CONDITIONS, if ony, giving	
DIRE	al ex (3)		rise to the obove cause (A) stating the (C)	
Δ	ic is	_		
A		ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
2	+EXO.DO		DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FIN IN CERTIFYING CAUSING.	DINGS CONSIDERED
UNER	Bo Bo th th	CERTIFIC	WAS PERFORMED IN CERTIFYING CAUSI	ES OF DEATH?
5			21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, loctory, street, office bidg., INJURY OCCUR?	ity, give exact location)
	× + 8 - 7 - 9	CAL	DEATH (notify medical examiner) etc.)	
	Sp Co	MEDI	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While AT Not White	
	240022		(APPROX.) Work At Work	
	TH COO GO		22. I certify that (1) (this hospital) attended the deceased from 19 10 to	19 ,
	to to of a		that (I) we) last sow the deceased alive on 19 ond that in (my) (our) opinion	on death occurred on the date
	0 0 + + + +		ond hour and from the couses stated above. (1) (We) (dld) (did not) view the body after death.	
	3 60 -		M.D. Attending Med. Stoff	DATE SIGNED
			Phys. Director Phys.	2/10/10
3	vas Vas An at orioi prov		NAMETRON KINKOTON) = M.O. 848 Haylam Gus	7.1
	y was rely y was rely 1) An acci 2.A. at a l d prior to	24.4	BURIAL CREMATION, 248. DATE ACCUMENTATION (City,	town, or county) (Stote)
	E DOOC	1	TEMOVAL (Specify) 8-23 (2) Not a. 1	Rolt hol
	This certificate the body was r shows: (1) An a was D.O.A. at a deceased prior written approv	257	DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 259, FUNERAL DIRECTOR	ADDRESS;
	This the bashow was dece		AUG 25 1967 Robb 2. Falluma August S. Q. A.	Ballino
		VS	150-REV. 1/1/65	0.70



CD O	BALTIMORE CITY	HEALTH DEPARTMENT		0105
BIRTH NO. M.E. CASE NO.	65 CERTIFICA	TE OF DEATH	Registered No.	67 8165
1. NAME OF DECEASED (Type or Print) Martha V.	Krell A.K.A.		st 24,1967	7
FULL NAME OF HOSPITAL OR Oddress or locotion)	MENDED		ere deceased lived. If in	stitution; residence before admission
1425 Lownan St.	0=29=01	Baltimore	tural, give location)	24-01
F W WIDO		B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.
factory Worker	o of Business or Industry on Manufactur Oo.	ing Maryl:	and	12. CITIZEN OF WHAT COUNTRY? U.S.A.
William Allen		14. MOTHERS MAIDEN NA Unic	nown	
15. Was Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) Ut yes, give wor or dotes of service No	16. SOCIAL SECURITY NO. 217-22-8448	Charles W.	Krell 1425	Lownan St.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE OF		ial Degener	interval between onset and death
(This does not meon the mode of dying, of heal foilure, asthemio, etc. It means the diserinjury or complication which coused death.) ANTECEDENT CAUSES	DUE 10	oner Nyocard teriosclera	osis	297
DISEASES OR CONDITIONS, if ony, giverse to the obove couse (A) stoling UNDERLYING CONDITION lost.				
OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	TING THE			
	OR WHICH OPERATION	20 A. AUTOPSY? (Yes of No	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
	218. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)		(If in Boltimore	e City, give exoct locotion)
-	21 E. INJURY OCCURRED While At Not While At Work	21 F. HOW DID INJ	URY OCCUR?	
22. I certify that (1) (this hospital) attended that (1) (we) last sow the deceased alive of		1 14		nion death occurred on the da
ond hour and from the couses stated above	M.D. Atte	nding Med.	Stoff	238, DATE SIGNED
23C. PHYSICIAN'S NAME (Type) A. C. SOL	Phys	3D. ADDRESS 707 E. F	Fortane,	-2/230
REMOVAL (Specify)	Codar Hill Co			ty, town, or county) (Stote) [aryland]
	AE OF REDISTRAR	Charles L	Stevens I	runeral Home, In
VS 150-REV. 1/1/65	Y Sedan ()	1501 a	ast Fort	

Cm-	6	2	11	
•	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and so the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased Nas D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
IMPORTANT	or his assistant if a Also, if the direct	ounced death wo	attendance on the med or final dispos	
FUNERAL DIRECTOR: IMPORTANT	edical examiner o	urns; (3) A fracture	was in regular comains are embalr	
FUNERA	ved by the chief m hospital by a me	nature; (2) Body by	l (6) No physician ined before the re	3.4
•	This certificate must be approved the body was released to the	shows: (1) An accident of any r was D.O.A. at a hospital (exce	deceased prior to death); and written approval must be obta	

67. 8	166	HEALTH DEPARTMENT		67 8166
IKIH NO.	CERTIFICA	TE OF DEATH	Registered No.	03.00
A.E. CASE NO. NAME OF DECEASED		2. DATE AND	HOUR OF DEATH	20
Type or Print)	a Fal E	8/2	/	6 Am
GROSHEFF AN.	ATOLE		. /	•
FLACE OF DEATH IN BALTIMORE MARIEAND		A. STATE B. COUNT	deceased lived. It i Y	nstitution: residence before admissi
FULL NAME OF (If not in hospital or institu oddress or location) INSTITUTION	tion, give street	MARYLAND C. CITY OR TOWN (If outsi	ide city limits, write.	RURAL and give township)
UNION MEMORIAL HOS	PITAL	BALTIMORE		17-44
44			EN OAK	AVE
SEX 6. RACE 7. MAR	RIED, NEVER MARRIED	8. DATE OF BIRTH 9.	AGE (In years	If Under 1 Yr. If Under 24 I Months! Doys Hours Min
mw	OWED, DIVORCED (specily)	4/19/97	st birthdoy)	Months Doys Hours Min
DA. USUAL OCCUPATION (Give kind of work 10B. KIN	D OF BUSINESS OF INDUSTRY	11. BIRTHPLA CE (State or foreign		110 61717511 05
one during most of working life, even il retired)	D OF BUSINESS OK INDUSTRE	II. BIKINFLA CE (Store or foreign	n country)	12. CITIZEN OF WHAT COUNTRY?
	LITZ SCHOOL	KAZAN, RUS	SSIA	45
3. FATHER'S NAME	- II - OCIVOO	14. MOTHER'S MAIDEN NAM		
		NOTHER S MAIDER NAM		
UNK		UNK		
. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
es, no or unknown) (If yes, give wor or dotes of serv	SECURITY NO.		IRIAN 7	06 N. HOWARD
NO				
18, 4 9 9 11	CAUSE O	FDEATH		INTERVAL BETWEEN
0 0 11 1				ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH			01 1115000	7 7
	(A) AfCC	ITE MYUCARDI.	AL INFARC	7 2 d.
(This daes not mean the made of dying, heart failure, asthenia, etc. It means the disc		na re Mar	. 0	
injury ar camplication which coused deoth,)	-Me	Legares &	My cery.	
	(B)		1 /20,00	4
ANTECEDENT CAUSES	DUE TO		1 4	A
DISEASES OR CONDITIONS, if ony, gi	ving		()	
rise to the above cause (A) stating	The (C)		MAG	1. 1.
UNDERLYING CONDITION last.			1000	my finance
11				13
	ITING			
TO THE DEATH BUT NOT RELATED TO				
DISEASE OR CONDITION CAUSING IT.				0
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE	FINDINGS CONSIDERED
8/22/67 DECDIDATI	RY DIFFICULTY	YES	IN CERTIFIENG CA	OSES OF DEATH!
21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., in		(II in Boltimor	re City, give exact location)
OR CONTRIBUTING CAUSE OF	home, form, foctory, street, of	fice bldg., INJURY OCCUR?	tit ili politinoi	e with died exect locoupul
DEATH (notify medical examiner)	etc.)			
	21E. INJURY OCCURRED -	21E HOW DID IN IN	BY OCCUPS	
21D. TIME (Month) (Doy) (Year) (Hour)		21F. HOW DID INJU	KT OCCUR!	
(APPROX.)	While At Work Not While At Work			
22. I certify that (1) (this hospital ottens	ed the deceased fram	7/22 19	67 10 8	/24 19 6
	-1	/	/	
that (1) we lost sow the deceased alive	on	ond that	in (my) (our) op	inion death occurred on the
and hour and from the causes stated above	re. (1) (We) (did) (did not) v	iew the body ofter death.		
23A. SIGNATURE				23B, DATE SIGNED
20 000	44.5	nding - AAAd - s	inff -	
Charles & Kris	M.D. Atte	nding Med. S Director P	hy s.	8/24/67
23 C. PHYSICIAN'S	A)	23D. ADDRESS UNION		
NAME (Type)		•		
CHARLES S BROWN, MI	M.D.	BALTIM	GRE MA	PRYLAND
	C. NAME OF CEMETERY OF CRE	MATORY 1240 10	CATION	ARYLAND City, town, or county) IState
REMOVAL (Specify)				
BURIAL AUG 26 1967	HOLY TRINIT	Y CFM E	LKRID6	E 141
SA. DATE REC'D BY HENLIST DELL TOCTOSB. NA	AAS OF PECKTRAS	25C. FUNERAL DIRECTOR,		ADDRESS
MUG 25 1967 (12	Dark E To Day	23C. FUNERAL DIRECTOR		WDDKE22
	Land d' Minoria	DAPPEL BROS	INC 1800.	ELOMBARD ST
10		1-11-10-10-10-1	7-0-4	10 414 21
S 150-REV. 1/1/65	_			

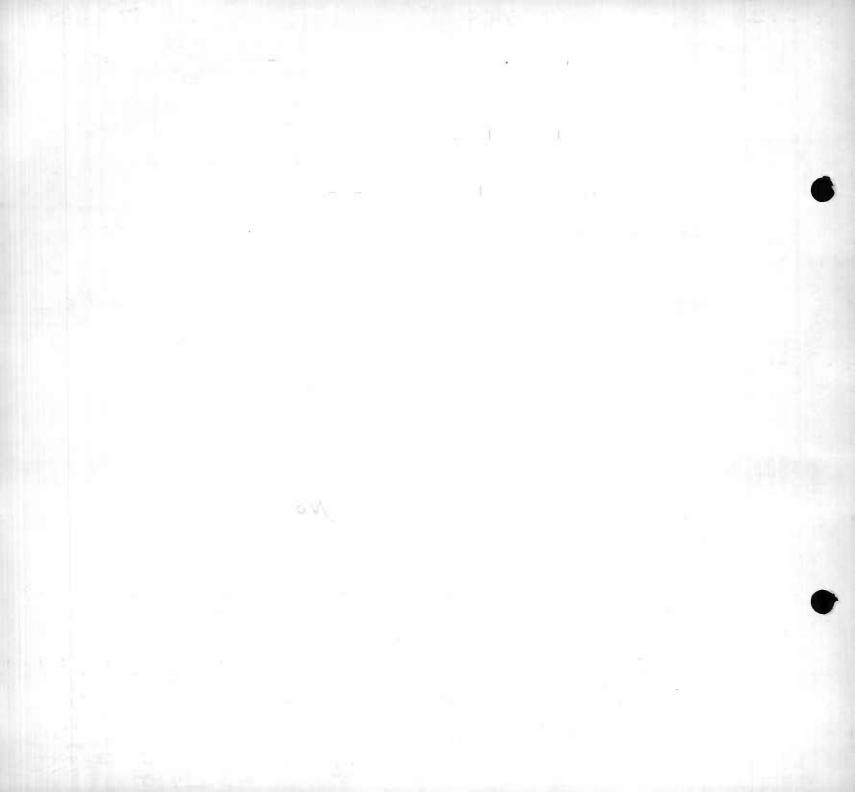
NAME OF DECEASED DR. SOFTOMON SHERMAN 2.DATE AND HOUR PRONOUNCED DEAD A. MAUSE 21, 1967 8:30 A. M. M. ALGERT NO. PRINCIPLE PRONOUNCED DEAD A. M. M. A. 1747 M. A	BIRT	H NO.	MED	ICAL EX	(AMINER'S CI	ERTIFICAT	TE OF D	EATH Register	red Na	07	279
Agust 21, 1967 8:30 A. PLACE IN EACHIMORE, MARKLAND, WHEEL PRONOUNCED DEAD FULL NAME OF MODELS OR LOCATION IN NOT IN HOSTITAL OR INSTITUTION, GIVE STREET MODELS OR LOCATION OF AUGUST ACCOUNTY MILLINAME OF MILLINAME OF	M.I	CASE NO.									
D. PARCE IN BATHMORE MARKED, WHERE PRODUCTED DEAD PULL NAME OF INSTITUTION ADDRESS OR LOCATION OF STREET WATER ADDRESS III LOCATION OF STREET ADDRESS III	1. 1	NAME OF DEC		11.000					D DEAD		
3. PLACE IN BATHMORE, MARTLAND, WHISE PROMOUNCED DEAD FULL NAME OF INSTITUTION. (If NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION. (If NOT IN HOSPITAL OR INSTITUTION, GIVE STREET Male (If NOT IN HOSPITAL OR INSTITUTION, GIVE STREET Male (If NOT IN HOSPITAL OR INSTITUTION, GIVE STREET Male (If NOT IN HOSPITAL OR INSTITUTION, GIVE STREET Male (If NOT IN HOSPITAL OR INSTITUTION, GIVE STREET Male (If NOT IN HOSPITAL OR INSTITUTION, GIVE STREET Male (If NOT IN HOSPITAL OR INSTITUTION, GIVE STREET Male (If NOT IN HOSPITAL OR INSTITUTION, GIVE STREET Male (If NOT IN HOSPITAL OR INSTITUTION, GIVE STREET Male (If NOT IN HOSPITAL OR INSTITUTION, GIVE STREET Male (If NOT IN HOSPITAL OR INSTITUTION, GIVE STREET Male (If NOT IN HOSPITAL OR INSTITUTION, GIVE STREET Male (If NOT IN HOSPITAL OR INSTITUTION, GIVE STREET Male (If NOT IN HOSPITAL OR INSTITUTION, GIVE STREET Male (If NOT IN HOSPITAL OR INSTITUTION, GIVE STREET Male (If NOT IN HOSPITAL OR IN HOSPITA	,	De or rains	DR.	SOT OMON	SHERMAN		August	21, 1967		8:30	A.
MASTIALION Marian	3. P	LACE IN BALT	IMORE, MARYLAND, W			4. USUAL RESID	ENCE (Where	leceosed lived. If insti	lution: reside	ence before	odmission)
ADDRESS OR CONDITION DIRECTLY LEADING TO PEATH DISSASS OR CONDITION CONTRIBUTING TO THE DEATH BUT NOT REARTED TO THE DISSASS OR CONDITION CONTRIBUTING TO THE DEATH BUT NOT REARTED TO THE DISSASS OR CONDITION FOR WHICH OPERATION NO DIFF TO WHILE TO PEATH DISSASS OR CONDITION FOR WHICH OPERATION NO DIFF TO WHILE THE PEATH BUT NOT REARTED TO THE DISSASS OR CONDITION FOR WHICH OPERATION NO DIFF TO WHILE THE PEATH BUT NOT REARTED TO THE DISSASS OR CONDITION FOR WHICH OPERATION NO DIFF TO WHILE THE PEATH BUT NOT REARTED TO THE DISSASS OR CONDITION FOR WHICH OPERATION NO DIFF TO WHILE THE PEATH BUT NOT REARTED TO THE DISSASS OR CONDITION FOR WHICH OPERATION NO DIFF TO WHILE THE PEATH BUT NOT REARTED TO THE DISSASS OR CONDITION FOR WHICH OPERATION NO DIFF TO WHILE THE PEATH BUT NOT REARTED TO THE DISSASS OR CONDITION FOR WHICH OPERATION NO DIFF TO WHILE THE PEATH BUT NOT REARTED TO THE DISSASS OR CONDITION FOR WHICH OPERATION NO DIFF TO WHILE THE PEATH BUT NOT REARTED TO THE DISSASS OR CONDITION FOR WHICH OPERATION NO DIFF TO WHILE THE PEATH BUT						Ma Ma	ryland	8. 000	NII		
2424 EUTAW Place D. STRET ADDRESS OF UNITY IN THE MARKED White Wh	HO	L NAME OF	ADDRESS OR LOCA	AL OR INSTITU	JTION, GIVE STREET	C. CITY OR TOV	VN (II outside	corporate limits, write	RURAL ond	give town	ship)
2424 Eutaw Place D. STRET ADDRESS Of INVOICED STATES S. ACC	INS	TITUTION				Re	Itimore			1.50	131
2424 Eutaw Place 2424 Eutaw Place S. SER Male White Whowed, Divordiblespeeley Male White Whowed, Divordiblespeeley Male White Whowed, Divordiblespeeley Male White Male M	1	20							-		-
S. SER B. RACE White W	1	242	4 Eutaw Plac	е							
Male White Widowsch, DivorceDespecibly Jan. 17, 1897 Months Doys Hours Month Month Doys Hours Hours Month Doys Hours Hours Month Doys Hours Hours Month Doys Hours Hour	5 6	EY	A DACE	7 AAAABBIED	NEVER AAARDIED				III Hadas	V. II II.	1 24 H-
IDA USUAL OCCUPATION (Give sind of work) RINGO YEAR OF BUSINESS OR INDUSTRY) DIFFERENCE JOSEPH Sherman Serah Frank South Frank Office Records 2424 Ditaw Place South No. 215-24-3118 Office Records 2424 Ditaw Place South Frank Atterdosclerotic heart disease Interval a street ONE of Death Atterdosclerotic heart disease DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dring, e.g., heart fielden), dir. If mean site disease, heart fielden), directly leading to the country of the death all in not started to the UNDERLING CONDITION AST. (Ch. OTHER SOMIFICANT CONDITION SC ONTRIBUTING TO THE DEATH AUT NOT STATED TO THE OTHER SOMIFICANT CONDITION FOR WHICH OPERATION No. ATTERDOR OF OPERATION IN CERTIFIANG CAUSES OF DEATH DISTANCE OR CONTRIBUTION TO THE DEATH AUT NOT STATED TO THE OTHER SOMIFICANT CONDITION FOR WHICH OPERATION No. ATTERDOR OF OPERATION THE CONSTITUTE COURSE OF DEATH TO THE DEATH AUT NOT STATED TO THE OTHER SOMIFICANT CONDITION FOR WHICH OPERATION No. ATTERDOR OF OPERATION THE CONTRIBUTING COURSE OF DEATH OTHER SOMIFICANT CONTRIBUTION COURSE OF DEATH OTHER SOMIFICANT COURSE OF DEATH OTHER S	(lost birthdoy)	Months E	oys Hour	s Min.
10.A USUAL OCCUPATION (Greek ind of work) Toke (NR) OF BUSINESS OR INDUSTRY)				Widow	red						
S. FATHER'S NAME				k TOB. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE	Stole or foreign	country)	WHAT	COUNTRY	,
14. MOTHERS MADE NAME 14. MOTHERS MADEN NAME 15. WAS DECEASED EVER IN U.S. ABAMED FORCES? 16. SOCIAL 17. INFORMANT				Medic	al Profession	London.	England		U.S	.A.	
15. MAD DECEASED EVER IN U.S. ARMED FORCEST (vs., no orinknown) 11 ys., give wor or dates of service) 16. SOCIAL (vs., no orinknown) 11 ys., give wor or dates of service) 15. 24. 3118 Office Records 24.24 Entaw Place	13.1	ATHER'S NAN	E			14. MOTHER'S M.	AIDEN NAME		-		
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CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH	(Yes		(If yes, give wor or dote	es of service)		0001-	D	2/2/ Batan	177 - aa		
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AUC 28 10C7 A A R C . TA O WHILL COOK Brooks Towson 1050 York Rd.	24/	. DATE REC'D			man .	laften (AL DIRECTOR	oolea Marra			D-3
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Towson, Md. 21204

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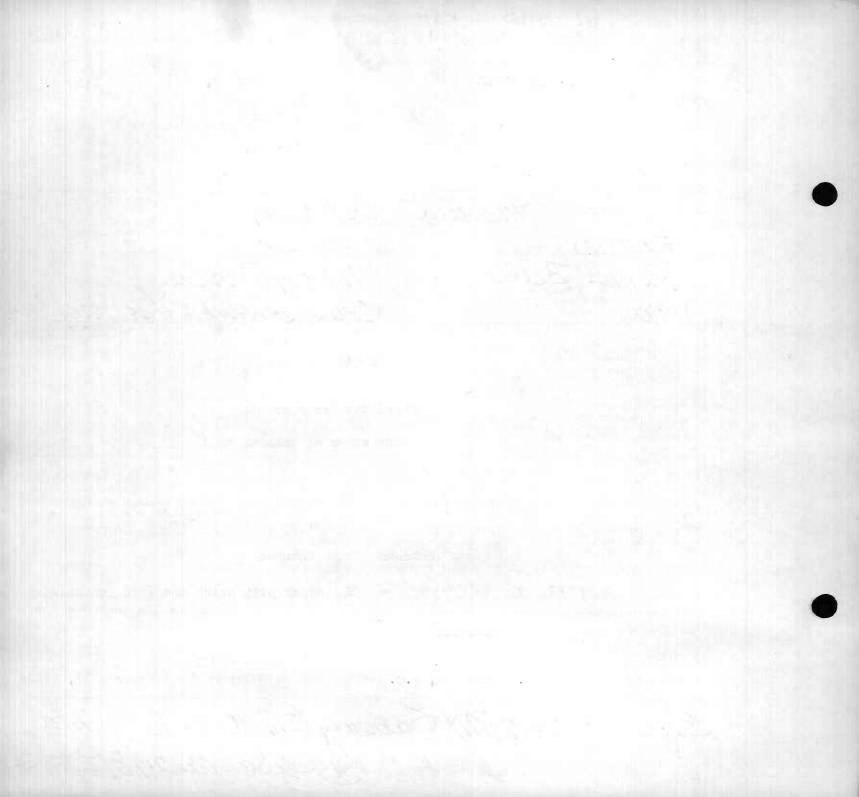
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RTH NO. A.E. CASE NO.	67 816	. 7%			
		CERTIFICA	TE OF DEATH	Registered Na	0/ 3/08
NAME OF DECEASED			2. DATE AN	D HOUR OF DEATH	
ype or Print) AMBA	CH, MAX A.		8-22		9:30 AM
PLACE OF DEATH IN BALT	IMORE, MARYLAND		4. USUAL RESIDENCE (When	e deceased lived, tf inst TY	itution: residence befare admissio
FULL NAME OF (If not HOSPITAL OR oddres	in hospitol or institution, as or location)	give sheet	MARYLAND C. CITY OR TOWN (If out	side city limits, write RU	RAL and give tewnship)
	OPKINS HOSPI	TAL	BALTIMORE D. STREET ADDRESS (If or		21-11
33				urol, give locotion) SPRING LAN	F
SEX 6. RACE	7. MARRIED	NEVER MARRIED		9. AGE (In years	If Under 1 Yr. If Under 24 H
MALE WHI		D, DIVORCED (specify)	5-18-08	lost birthdoy) 59	Months Doys Hours Min.
A. USUAL OCCUPATION (Giv		F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
one during most of working life, ev			MARYLAN	0	USQ
DRY GOO!	15		14. MOTHER'S MAIDEN NAM	AE .	W3
HENRY AMBAC		12 /	MERLA BRAGER		ADDRESS
es, no or unknown) (If yes, give	wor or dotes of service)	SECURITY NO.	17. INFORMANT		ADDRESS
No -		215-03-1462	WIFE		SAME
1B. 1 (4 ()		CAUSE OF			INTERVAL BETWEEN
DISEASE OR CON	DITION DIRECTLY	. 14 0	1	0.10	ONSET AND DEATH
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(This does not meon the		DUE TO	operate jess je	ig over to sever	J
heart failure, asthenia, et injury or complication wh		Adu	spread poorly	el of unhouse	
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rise to the obove of					
UNDERLYING CONDITION		(C)	0000-00700-0-0-0-0		
11					
2	IDITIONS CONTRIBUTIN				
TO THE DEATH BUT DISEASE OR CONDITION		HE.			
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21 A. ACCIDENT WAS UN OR CONTRIBUTING CA DEATH (notify medical exa	USE OF hor	ne, form, foctory, street, of	n or obout 2 C. WHERE DID fice bldg., INJURY OCCUR?	ur in Bollimore	City, give exact location)
21 D. TIME (Month) (E	Doy) (Year) (Hour) 218	INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
OF INJURY (APPROX.)		hile At Not While	e C		
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22. I certify that the	is haspital) attended	the deceased from	7/27	967 10 9/	22 196/
that ((we) last saw the	he deceased alive an	7/22	19 67 and the	at in (aur) apini	an death accurred on the d
		K(Wa) (did) (dident)	iew the bady after death.		
	.coses sidied dodve.	Ex (u.e) (q(q) Amendies,) A	iow line uddy drief death.		228 DATE SIGNED
	251 -	M.D. Atte	ending Med.	-	91. //
JOMN K	- Sharp	Phy	s. Director	Phy s.	1122/67
23 C. PHYSICIAN'S NAME (Type)			23D. ADDRESS	10	01 10
Joh	W 18.51	IAKP M.D.	Lohno Hapken	5 HOLD. BE	the mode.
\$101	B. DATE 24C.N	AME of CEMETERY OF CRE	MATORY 24D. L	OCATION (City	lown, or county) (Stole
	D. DAIL 240.14				
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REMOVAL (Specify)	8/23/67	HAR SIN		DWING MI	LL MD
REMOVAL (Specify)	8/23/67	HAR SIN	25C. FUNERAL DIRECTOR	WING MI	property of the last of the la
	8/23/67			Burst Son.	LL MD
23C. PHYSICIAN'S NAME (Type)	2. Sharp	Phy M.D.	Johns Hopken	Stoff Phys. X	9/22/67 telt-mol

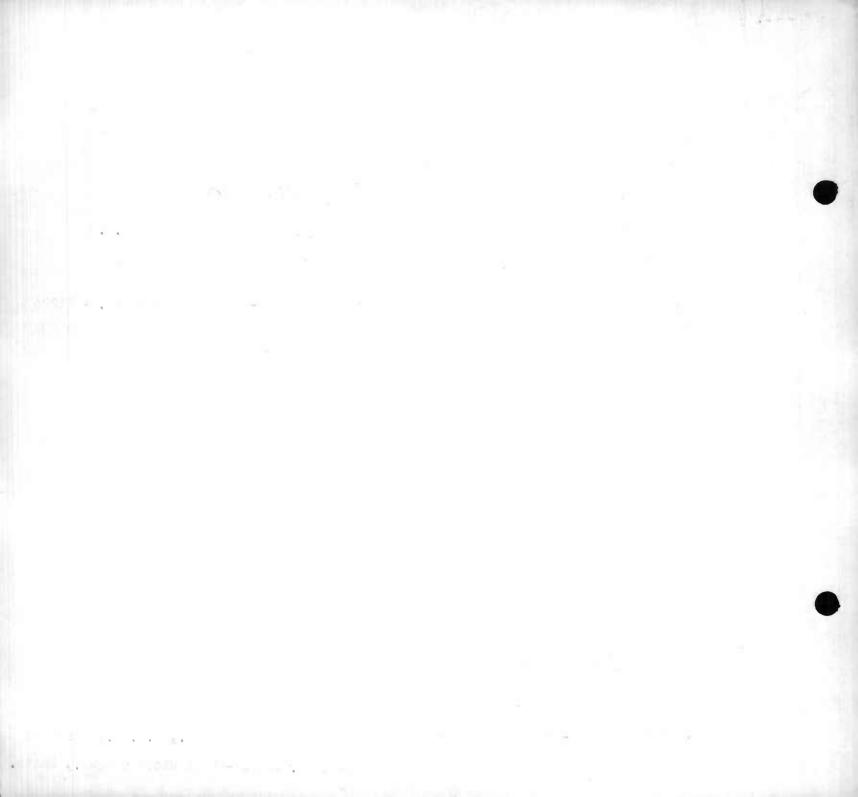


8169 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 8169

E. CASE NO. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD
JAMES BELL	August 17, 1967 8:10 A.
PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence balane admission
	A. STATE B. COUNTY Maryland
LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN (III outside corporate limits, write RURAL and give township)
STITUTION	Baltimore X-0/
	D. STREET ADDRESS (If rurol, give locotion)
Johns Hopkins Hospital	1618 Llewellyn Avenue
	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 H
Male Negro Widower, DivorceD(specifi)	Months, Doys, Hours, Mir
A. USUAL OCCUPATION (Give kind of work TOB. KUND OF BUSINESS OR INDUSTRY)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
during but working life even if retired)	S C WHAT COUNTRY?
FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Manage Roll	Mangradual
WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS
s, no of unknown) (If yes, give wor or dotes of service) SECURITY NO.	P = : 10 00 1/10 1/2 1-00 6
VIIO	Count Bell 1618 Frew Ellyn
1B. CAUSE	OF DEATH INTERVED BETWEEN ONSET AND DEAT
DISEASE OR CONDITION DIRECTLY	
	remia
(This does not mean the mode at dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	Y Committee of the comm
ANTECEDENT CAUSES (B) Rena1	tubular necrosis
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	tubular necrosis
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	tubular necrosis
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
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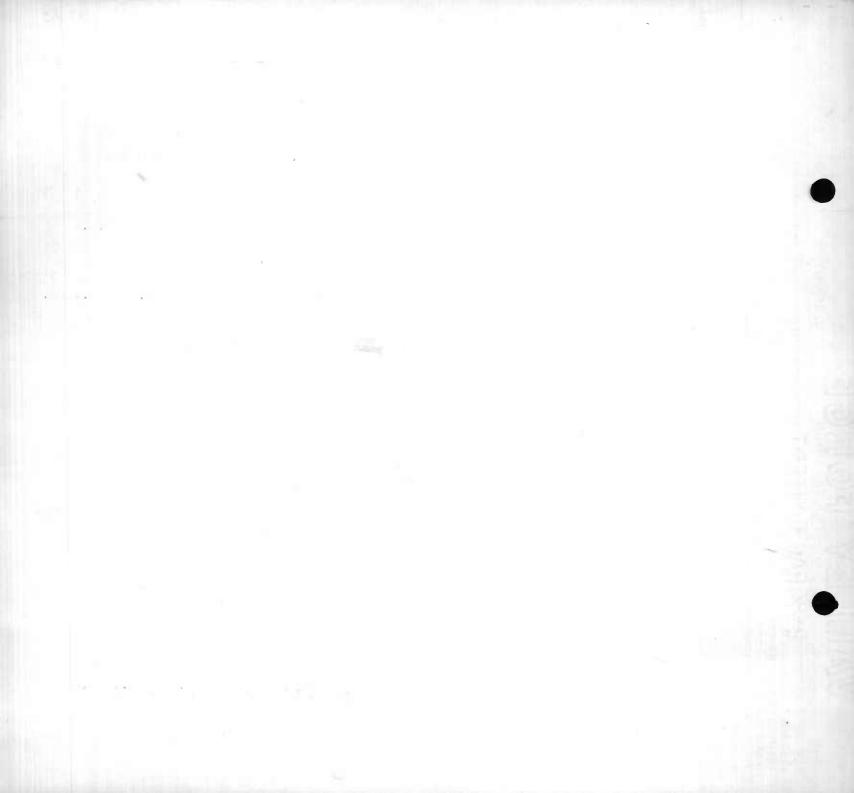


BIRTH NO. 67 8	(170	TE OF DEATH	Registered No. 6	7 8170
M.E. CASE NO. 1. NAME OF DECEASED	CERTIFICA		D HOUR OF DEATH	
(Type or Print) PEarh Gos	NE]]		8-20-67	11:50 P M
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. CDUN	re deceased lived, if institu	tion: residence before admission)
FULL NAME OF (If not in hospital at institut HOSPITAL OR address at location) INSTITUTION	ion, give street	C. CITT OR TOWN (IT out	NU Iside city limits, write RUR	AL and give lownship)
A A		Baltin	norE #2,	1225.
0 1) R. 1) in n= C=	N=0=) 11	D. STREET ADDRESS OF	rural, give lacotion)).
South Baltimore GE, S. SEX G. RACE 7. MAR	RIED, NEVER MARRIED		9. AGE (In years If	Under 1 Yr., If Under 24 Hrs. onths; Doys Hours; Min.
F. White WIDE	MAPPED (specify)	3-14-1887	lost birthdoy) M	anths Doys Haus Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIN done during most all working lile, even if retired)	D OF BUSINESS OR INDUSTRY	BIRTHPEACE (State of forei	gn Country) 1:	2. CITIZEN OF WHAT COUNTRY?
Housewife		Baltima	orE, Md.	U.S.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME NO	
GEORGE GEMP	D.	Sadî 17. INFORMANT	EFEY	Ers. ADDRESS
15, Was Deceased Ever in 0. S. Armed Folces (Yes, no al unknown) (If yes, give war ar dates of serv	ice) 6. SOCIAL SECURITY NO.		-071	
No.	CAUSE OF	Naomi Johnson	- 7816 Watervi	ew Dr 21226
DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
LEADING TO DEATH	(A) Ma	Inutrition & D	ehydration	
(This does not meen the mode of dying, heart failure, asthenia, etc. It means the dise	ose,			
injury or complication which coused death.) ANTECEDENT CAUSES	(B) Nec	plastic pro	cess probably	? 5years
DISEASES OR CONDITIONS, if ony, gi	ving DUE TO /n	plastic provolving the li	ver	7
rise to the obove couse (A) stating UNDERLYING CONDITION last.	lhe (C)	/		
П		-		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE DR CONDITION CAUSING IT.	JTING THE			
DISEASE DR CONDITION CAUSING IT.	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	208. IF YES. WERE FINE	DINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED		No.	IN CERTIFYING CAUSE	
O 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	at about 21 C. WHERE DID ice bidg., INJURY OCCUR?	(If in Battimare Ci	ty, give exect location)
21D. TIME (Month) (Day) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(A PPROX.)	While At Not While At Work			
22. I certify that (t) (this hospital) attend	ed the deceased from	8-20	96710 8-	20 1967
that 🛱 (we) last saw the deceased olive	an 8-20	19 67 and the	at in (aur) apinior	n deoth occurred an the date
and haur ond fram the causes stated abov	re. (I) (We) (did) (did nat) v	iew the bady after death.		
23A. SIGNATURE	M.D. Alle	nding Med.	Stoll -	B. DATE SIGNED
Z3CPHYSICIAN'S	Phy:	3D. ADDRESS	Phys.	8-21-67.
NAME (Type) All + M	1. 1 M.D.	1212/11	2 02	
24A. BURIAL CREMATION, 248. DATE 24	C. NAME OF CEMETERY OF CRE	MATORY 24D. L	CATION (City, I	own, or county) (State)
Burial 8-24-1967	Glen Haven Memor		chie Howy . A	A.Co., Maryland
25A. DATE REC'D BY HEALTH DEPT. 25B. NA.	ME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
AUG 28 1967 R.C.	ub E, FarberMA	George J. Gon	ce - 4001 Rito	chie Hgwy., Balto
VS 150-REV. 1/1/65			7	



Julie Julie o

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. Such M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) Baby Girl Velma Ledbinka 8-18-67 LO eoth. 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) ance A. STATE B. CDUNTY (If not in hospital or institution, give street Maryland FULL NAME OF HDSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) ottend INSTITUTION Baltimore City Hospitals Baltimore 4940 Eastern Avenue prior D. STREET ADDRESS (If rural, give location) Baltimore, Maryland 21224 2207 E. Baltimore Street 21231 disposition is made. 9 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. eceosed regul WIDOWED, DIVORCED (specily) lost birthdoy Hours Min. Female White 8/18/67 57 Never Married IDA. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? Ξ done during most of working life, even if retired) U.S.A Maryland T 14. MOTHER'S MAIDEN NAME the 13. FATHER'S NAME Edmind Ledbinka Velma C. leath LO 15, Was Deceased Ever in U. S. Armed Forces? (Yes,no or unknown)((if yes, give wor or dotes of service) 21224 7. INFORMANT ADDRESS 6. SOCIAL SECURITY NO. Records: BCH 4940 Eastern Ave. Balto., Md. attendonce Ö CAUSE OF DEATH pronounced 0 INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not meon the mode of dying, e.g., heart failure, asthenia, etc. Il means the disease, g injury or complication which coused death.) gu ANTECEDENT CAUSES who DUE TO DISEASES OR CONDITIONS, if any, giving to the above cause (A) stating the physician the remains UNDERLYING CONDITION last, Was П CERTIFICATION DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED physician DISEASE DR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY (Yes of No! 20B. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? Yes before 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID hame, form, factory, street, office b(dg., INJURY OCCUR? 616 OR CONTRIBUTING CAUSE OF (If in Boltimore City, give exoct locotion) ° CAL DEATH (notify medical examiner) ¥ MEDI obtained 21 D. TIME (Month) (Day) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY except While At Not While (APPROX.) Work At Work and 22. I certify that (I) (this hospital) attended the deceased fram 67 67 19 that (1) (we) lost sow the deceased alive on... pe and that in(my) (aur) apinion death accurred an the date hospital eath) and haur and fram the causes stated abave. (I) (We) (did) (did nat) view the bady after death. must 23A. SIGNATURE 23 B. DATE SIGNED Attending M.D. 8-18-67 written approval Phys. Director 0 23C. PHYSICIAN'S NAME (Type) prior 23D. ADDRESS 4940 Eastern Ave. Balto.. Md. at M.D 24A. BURIAL CREMATION, deceased 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) 0.0 REMOVAL (Specify) Cremation Baltimore City Hospitals Baltimore, Maryland 25C, FUNERAL DIRECTOR NAME OF REGISTRAR VS 150-REV. 1/1/65



VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

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BALTIMORE CITY HEALTH DEPARTMENT

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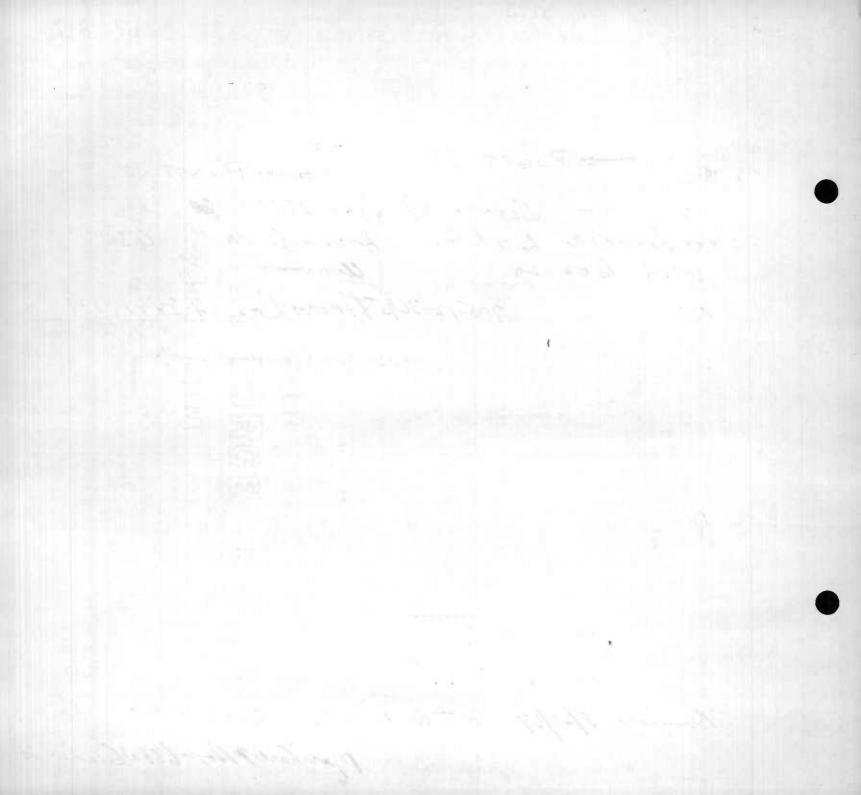
BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered NO. 1

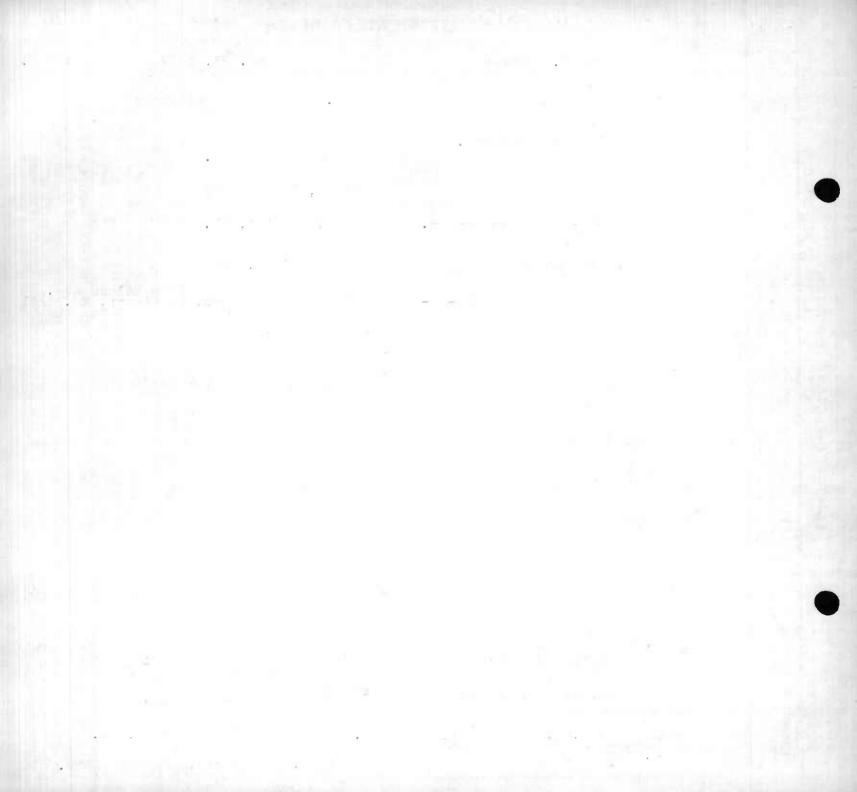
M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD WILLIAM Н. BRANCH August 25, 1967 9:50 P. 4. USUAL RESIDENCE (Where deceosed lived, if institution: residence before odmission)
A, STATE
B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD Maryland
C. CITY OF TOWN (If outside corporate limits, write RURAL and give township) (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR INSTITUTION Baltimore D. STREET ADDRESS (If rurol, give location) 2411 Pudgutt PUGET UGET 2411 Pudgutt 9. AGE (In years lost birthdoy) 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED If Under 1 Yr. If Under 24 Hrs. WIDOWED, DIVORCED (specify) Months Doys : Hours , Min. EPARATE Negro MALE Negro CEPATOR 1 9 VIVO 101. 2. CITIZEN OF dome during most of working life, even it relired)

TO ABOR 6

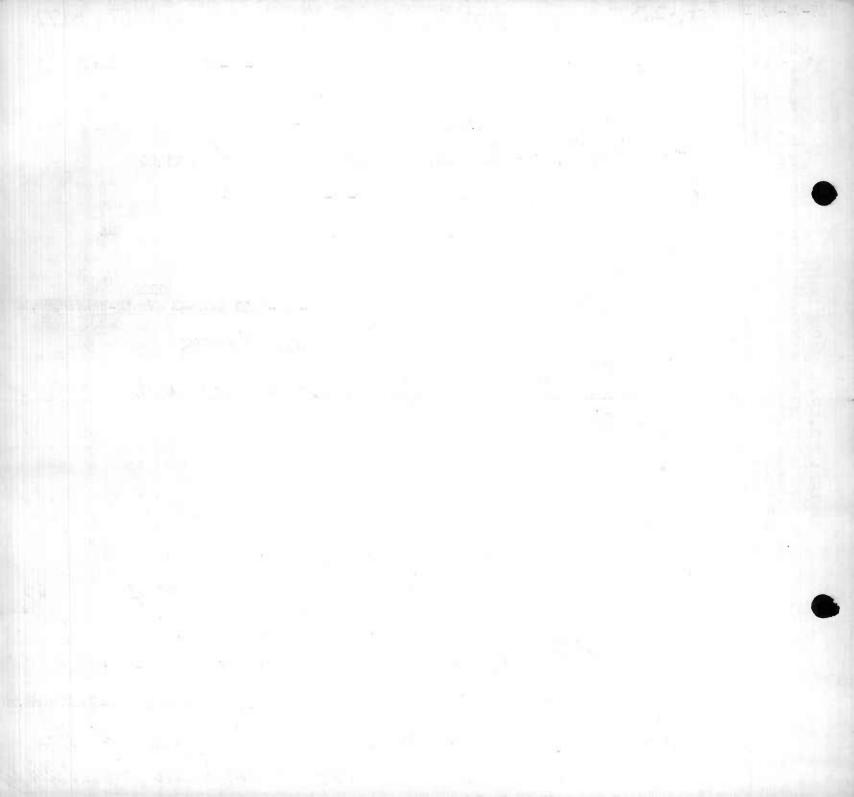
13. FATHER'S NAME WHAT COUNTRY? H. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 16. SO CIAL SECURITY NO (Yes, no or unknown), (If yes, give wor or dates of sorvice) INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Arteriosclerotic Cardiovascular Disease (This does not meon the mode of dying, e.g., head failure, asthenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT . CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21 A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exect location) home, form, factory, street, office bldg., INJURY OCCUR? UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 21 D TIME (Month) (Doy) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (Yeor) (Hour) OF INJURY WHILE AT NOT WHILE AT WORK Inspection X I certify that I held on Inquiry Autopsy ond that on this bosis, deoth in my opinion resulted from: Natural couses X Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINER X SIGNATURE. 8/26/67 ASSOCIATE MEDICAL EXAMINER EXAMINER'S Werner U. Spitz, M.D. Sarb miles (City, toyn, or county) NAME (Type) 23A, BURIAL CREMATION, 23C. NAME OF CEMETERY OF CREMATORY 23B. DATE REMOVAL (Specify) 24A. DATE REC'D BY HEALTH DEPT. 24B, NAME OF REGISTRAR 24C. FUNERAL DIRECTOR



BIRTH NO.	67	0476	ERTIFICA			Registered No.	67	8176
M.E. CASE NO.	CEASED		LKIIIICA	IL O		ND HOUR OF DEATH	4	
(Type or Print)		2 1						30.45
2 DI ACE OF D	Newton G.	Snyder		Ta HELLA		ig. 23, 196		12:45 A.
S. PLACE OF D	EATH IN BALTIMORE, MARI	LAND		A. STATE		NTY	institution: residen	ce before odmission
FULL NAME		institution, give stree	et	Md		Balti	more G	
HOSPITAL OF						atside city limits, write		tawnship)
	Haven Nur	sing Home			Essex		1.5	13-00
90	3939 Penh	urst Ave.		D. STREE	T ADDRESS (IF	rural, give location)		
1					404 Langl	ey Rd.		
S. SEX	6. RACE 7	MARRIED, NEVER		B. DATE C		9. AGE (In years	If Under 1 Ye	, If Under 24 Hr
Male	White	Married	RCED (specify)	July	4, 1880	last birthday)	Months Days	Hours Min,
	CUPATION (Give kind of work)		SS OR INDUSTRY		PLACE (Stote or fore		12. CITIZEN C	OF.
	of working life, even if retired}	M - lada - a					WHAT C	OUNTRY?
	oping clerk	Machine	Co.	Brow	ningsvill	.e, Ma.	US	A
3. FATHER'S NA	AME			14. MOTH	IER'S MAIDEN NA	ME		
John	Leonard Snyd	an			Sennie E	Vouna		
	ed Ever in U. S. Armed Force		CIAL	17. INFOR		. Tours	ADD	RESS
	vn) (If yes, give wor or dates	of service) SEC	CURITY NO.			39		
No		215-	10-9381	Mr	s Parepa	Benson, Ba	Itimore,	Md.21211
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	not mean the made of d		DUE TO		1			
	e, asthenia, etc. Il means tl implication which caused d		2.	1	0	11/21	0	*
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	OR CONDITIONS, if an he above cause (A) s		151	/-	e il ce	- Il they	e	
	NG CONDITION last.	tolling the	(0)					~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
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OR CONTRI	BUTING CAUSE OF	home, form,	foctory, street, of	fice bldg.,	INJURY OCCUR?		,, g. 10	
U	fy medical examined	erc.						
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and hour o	nd from the couses state	d above. (I) (We)	did (did not) v	iew the b	ody after death.		/	
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600	7	xcv C4	Phy:		Director	Phys.	10-1	14-61
23 C. PHYSIC	(Type)			23D. ADDI	ESS			
	Dr. Thos	3. Abbott	M.D.	736	950	Is Co Hoe	alle le	
	REMATION, 248. DATE	24C. NAME of	CEMETERY OF CRE	MATORY	24D. I	LOCATION	City, town, or cau	nty) (Stote)
REMOVAL		060	1	4.1.		.)		
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25A. DATE REC'	P # 1456 2 6 1967 2	SE NAME OF REGIS	J 71		UNERAL DIRECTO			DDRESS
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5 150-REV. 1/1	/65	AP No. 0		0				



(Type or Pri	NO. DECEASED				2. DATE	AND HOUR OF DEATH	1	
	lenry M	4cDaniel				8-24-67	12:	
PLACE OF DEATH IN BALTIMORE, MARYLAND					4. USUAL RESIDENCE (WI	nere deceased lived. If	institution; residence	e before admission
FULL NA		If not in hospital	or institution,	give street	MARYLAND			
HOSPITA	- A I	oddress or location		WO A T.C.	C. CITY OR TOWN (If	outside city limits, write	RURAL ond give	gwarship)
~	1	IMORE CI		ETALS	BALT IMORE		0	6-00
5		EASTERN		03001		If rural, give location)		
		IMORE, M			4620 PARKS IDE			
SEX	6. RAC	E		NEVER MARRIED D, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. Months Doys	If Under 24 Hr Hours Min.
MALE		HITE	MARR:		5-23-86	81		
		N (Give kind of work life, even if retired)	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF	
wing i	?			?	VIRGINIA		USA	
13. FATHER	NAME			•	14. MOTHER'S MAIDEN N	AME		
	FLOYD				2			
5. Wes Da		U. S. Armed For	ces?	1 6. SOCIAL	17, INFORMANT		ADDR	ESS
Yes, no or un	known) (If yes,	give war or date	s of service)	SECURITY NO.			21224	
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DEATH	Inotify medical	l exominer)	etc.		nce blogs, INJURI OCCUR!		/	
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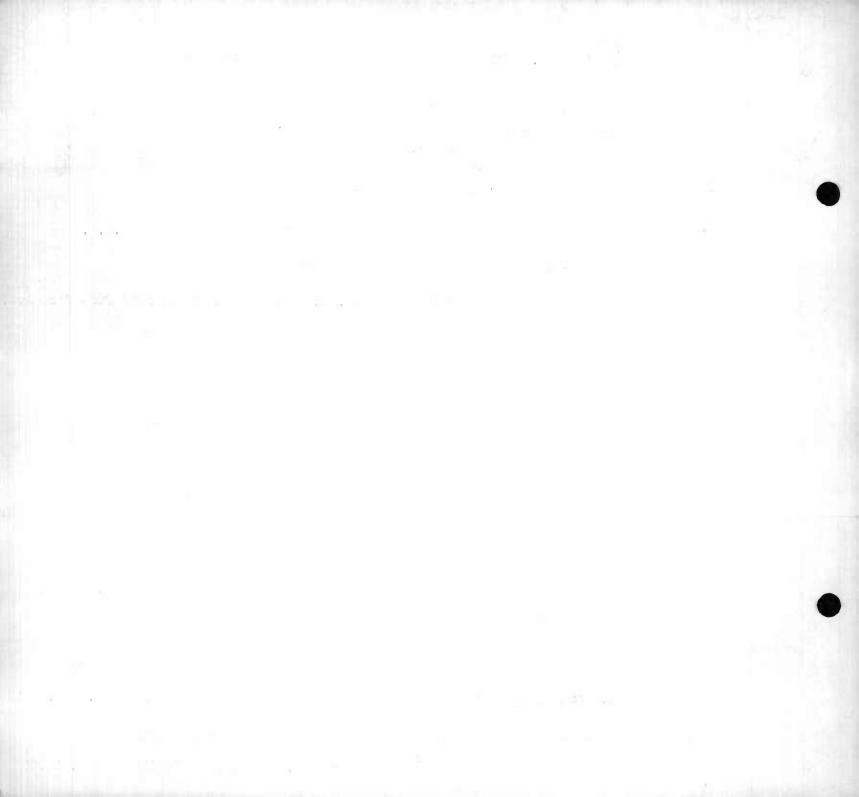
IMPORTANT

DIRECTOR:

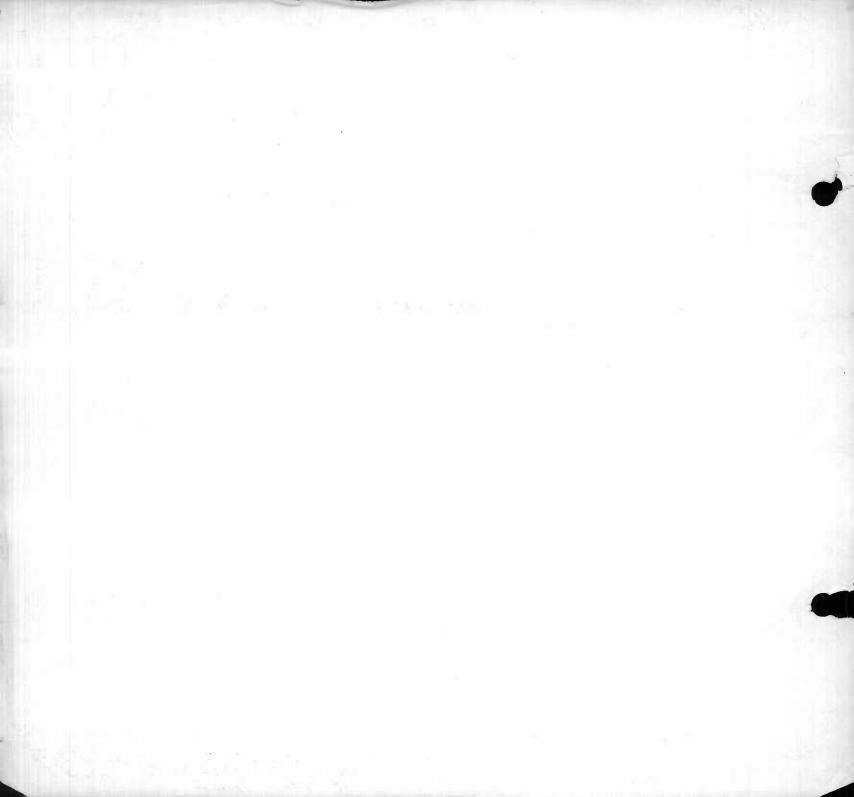
FUNERAL

21230 1276 Washington Boulevard If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. ADDRESS 21206 Mrs. Ethel Fish Humphreys, 5627 Frankford Ave. INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) ond that in (my) (our) opinion death occurred on the dote 23B, DATE SIGNED 1101 Maiden Choice Lane, Balto., Md. 21229 (City, town, or county) Baltimore, Maryland ADDRESS Howard H. Hubbard, 4107 Wilkens Ave. 21229 20 VS 150-REV, 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



11 1011	2	BALTIMORE CITY HEALTH DEPARTMENT 67. 8179 CERTIFICATE OF DEATH Registered No.	7 8179
Dig of	200	TH NO. E. CASE NO. 67. 8179 CERTIFICATE OF DEATH Registered No.	02.10
ital and of death Seceased to on the	1.1	NAME OF DECEASED 2. DATE AND HOUR OF DEATH	17:14 0
pital of d Dece	3.	PLACE OF DEATH IN BALTIMORE, MARYLAND PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution in the state of the state	on; residence before odmission)
0 0 0 0		A STATE B. COUNTY	. 0
hos use ; (5) dan		FULL NAME OF (If not in hospital or institution, give street oddress or location) (If not in hospital or institution, give street oddress or location) (If outside civ limits, write RURAL)	
in a cau cause; attend			Fllicottlik
ed in ting d cau		H Bon Secours Hospital D. STREET ADDRESS II rural, ave location	a Rolling
L D 0 B 7			Under 1 Yr. If Under 24 Hrs. nths; Doys Hours; Min.
occurre ontribu ermine regular		While 12/2/97 69	nths Doys Hours Min.
o d con		A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHELACE (State or foreign country) 12. pe during most of working life, even if retired)	CITIZEN OF WHAT COUNTRY?
or con ndet	7		USH
if de ect of was	13.		n/n
ant dire	15	PRESTON HAROLD Wol Deceased Ever in U. S. Armed Forces? Wol Deceased Ever in U. S. Armed Forces? Security No. 312 H 232-10-9857 SINA HAROLD CAUSE OF DEATH	HILINIE
ssistant the di the di v kind; l death ince on	(Ye	ss, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	igh Ridge Rd
S 2 - E 3	_	YES WWI 232-10-9857 SINA HAROLD Ellie	INTERVAL BETWEEN
his as so, if so, if any unced tendan	5	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
R: IMPO ner or his a: er. Also, if cture of any pronounced lar attenda		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) Stroke & Diabetes DUE TO	years
A:	3	heart failure, asthenia, etc. II means the disease, injury or camplication which coused death.)	
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chie Bod the hysic	0 2	AND A SCIPPING WAS UNDERLYING TO A PART OF INVESTOR BY A PART OF THE PART OF T	
F 410 29	CAL CE	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimore City home, form, lactory, street, office bldg., DEATH (notify medical examiner) (If in Boltimore City home, form, lactory, street, office bldg., INJURY OCCUR?	, give exact location)
		21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
ved by hospi nature ept w	NE NE	(APPROX.) While At Not While At Work	
prover the hand no	2	22. 1 certify that (1) (this haspital) attended the deceased from August 2/ 19 67 to Aug	GUST 22 19 67.
000	0	that (I) (we) lost sow the deceased alive on 7:15 PM. AUG 22 19 67 and that in (my) (our) opinion	
st be c used t ent of spital		ond hour and from the couses stated above. (1) (We) (did) (did not) view the body after death.	
ust eas ider	E		DATE SIGNED
E O O T P T	3	23C. PHYSICIAN'S Attending Med. Director Phys. 23C. PHYSICIAN'S 23D. ADDRESS	7-22-67
An a An a prior	24	NAME (Type) BYLLAG KAP KANG-M.D. Bon SOCOLLYS HOS	spital
d P	24	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, to	wn, or county) (State)
cert sody S: ()		BURIAL 8-26-67 MENDOURINGE Elknidge	Howard Md.
This certii the body shows: (1) was D.O.	25	A. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR 259, NUMBERAL DIRECTOR	- 1 Sugal City
F ≑ ₹ ₹ ₹		AUG 28 1967 R. Deels El talkey May 1 860 Thors - STACK -	md.
-7	VS	150-REV. 1/1/65 HOWENDI HOWE	



49-50-20 ED	D- 010 b/ 87811	ATE OF DEATH Registered No. 67 8180	0
Che to	M.E. CASE NO.	ATE OF DEATH	
and and base see	1. NAME OF DECEASED	2, DATE AND HOUR OF DEATH	A .
F 200 G	Herman L. Doroff 3. PLACE OF DEATH IN BALTIMORE, MARYLAND	8/23/67 6:20 A	
Spi Spi		A. STATE B. COUNTY	3.0117
4 3 5 pp	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location)	Maryland Baltimore C. CITY OR TOWN (If outside city limits, write RURAL and give township)	
3/ 300 and	Baltimore City Hospitals	BALTIMORE 53-00	
3 7: 00 # 53	4940 Eastern Ave.	D. STREET ADDRESS (If rural, give location)	
3 0 = 0 - 00	Baltimore, Maryland # 21224	1224 N. 64th St.	
S Indian	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Months Doys Hours Mi	
S as a s a s a s a s a s a s a s a s a s	Male White Widower	7-28-83 84	
The contraction	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR' done during most of working life, even if retired)	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	
Tie of Tie	RET. EVENATOR OPER WM. MARTIN CO.	New Jersey U.S.A.	
t d	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Z = === 4 == ==========================	Frederick Doroff	Dorothy? Kaffenberger	
A A A A A A A A A A A A A A A A A A A	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	17. INFORMANT #21224	
Siss the kinder of the control of th	NO - 212-09-4577	7 BCH: Records 4940 Eastern Ave. Baltimore, N	Md.
So Si y Do	18. 3 7.21 4-2 900.0 CAUSE C	OF DEATH INTERVAL BETWEEN ONSET AND DEATH	
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30+405		and that in(my) (see) apinion death accurred an the	dote
t be sed spirt spirt earl	and hour and from the causes stated above. (I) (I) (I) (II)	view the body after death.	
3 de la de l	A M.D. AI	Attending Med. Stoff	7
Z E O O O O O O O O O O O O O O O O O O		1220 ADDRESS 1010 B - 1	nd
An as at or	NAME Gype John B. Wagner	D. Ralta City Work 422221	
ifica ifica (A. A. d d pri	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CI	CREMATORY 24D. LOCATION (City, town or county) (Sto	ite)
Se con se	BURIAL 8-26-67 LOUDON PAR		
S S S S S S S S S S S S S S S S S S S	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C FUNERAL DIRECTOR	
This show	AUG 28 1967 Releate E. Farleyn	25C FUNERAL DIRECTOR PUNERAL HOMEDORESS 3331 BREHMS LA. BALTO. MD.	
	VS 150-REV, 1/1/65		

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AUGUST 22, TEST C.

HERE E STALLE

BIRTH NO.

67 8182 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 8182

M.E. CASE NO.								
1. NAME OF DECEASED (Type or Print)			2. DATE AND HOUR PRONOUNCED DEAD					
WILLIAM	August 25, 1967 6:58 a m.			а м.				
3. PLACE IN BALTIMORE, MARYLAND, WI	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission) A. STATE B. COUNTY							
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCA INSTITUTION	C. CITY OR TO	arylar	tside carparate limit	s, write RURAL	and give tawnsh	iip) /=		
110				imore			20	10
St. Agnes Hospital			D. STREET ADDRESS (If rutol, give lacation)					
					n Street			
5. SEX 6. RACE	WIDOWED, DIVORCED (specify)		B. DATE OF MRTH 9. AGE (In years If Under 1 Yr. If Months, Doys, 1) 10-5-1894 72					
Male White 10A. USUAL OCCUPATION (Give kind of work	IOB. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE	State or fo	reign country)	12. CIT	IZEN OF	-
done during most of working life, even if retired)	Morris	& Co.	Mar	yland			S.A.	
Cutter 13. FATHER'S NAME		- a 00.	14. MOTHER'S M		AME	0,	0 111	
Edward Robinson			Unknow					
15. WAS DECEASED EVER IN U.S. ARMED (Yes, no or unknown), (If yes, give wor or date:		16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRE	SS	
		214-03-3434	Mrs. Mar	ie W.	Robinson,	1627 Se	exton St.	21230
DISEASE OR CONDITION DIR			OF DEATH	tic C	ardiovascu	lar	INTERVAL BE ONSET AND	
(This does not mean the made of heart failure, asthenia, etc. It means injury or complication which coused of	the disease,	DUE TO		H.M.M.	Dise			***********
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF AI RISE TO THE ABOVE CAUSE (A) ST UNDERLYING CONDITION LAST. UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS OF TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CONI WAS PERF	NY, GIVING ATING THE	(B)(C)						
19A. DATE OF OPERATION 19B. CONI	ITION FOR	WHICH OPERATION	20A. AUTOPSY	? (Yes ar I	No) 20B. IF YES, W	CAUSES OF I	DEATH?	
Z1A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	21 B. home etc.)	PLACE OF INJURY (e.g., , farm, factory, street,	in or obout 21C. V	YES VHERE DIE OCCUR?	O (If in Boltimore (YES		
21D TIME (Month) (Doy) (Year OF INJURY (APPROX.)	V	VHILE AT NOT NOT AT W	WHILE	OW DID II	NJURY OCCUR?			
22. I certify that I held an Ir	quiry 🗌	Inspection Aut	opsy XX one	that an	this bosis, deat	h in my opini	on	
resulted from: Natural cou	ses X A	ccident Suicid	e Homici	de	Undetermined	manner		
JIGNAT ORL	rela	M. D.	ASSISTANT M	EDICAL			DATE SIG	NED
EXAMINER'S NAME (Type) Russel		sher, M.D.	ASSOCIATE M					67
23A, BURIAL CREMATION, REMOVAL (Specify) 23B, DATE	23	C. NAMÉ OF CEMETERY O	CREM ATORY	230	LOCATION	(City, tawn, o	r county) ((Stote)
Burial 8-28-		Baltimore Nat			Baltimore,	Marylar		
AUG 28 1967		of REGISTRAR FELLEMAN	Howard		ubbard, 41	07 Wilke	ens Ave.	21229
VS 151-REV. 1/1/65	1 (3	4 / 13 11	0.0	7 1	1			

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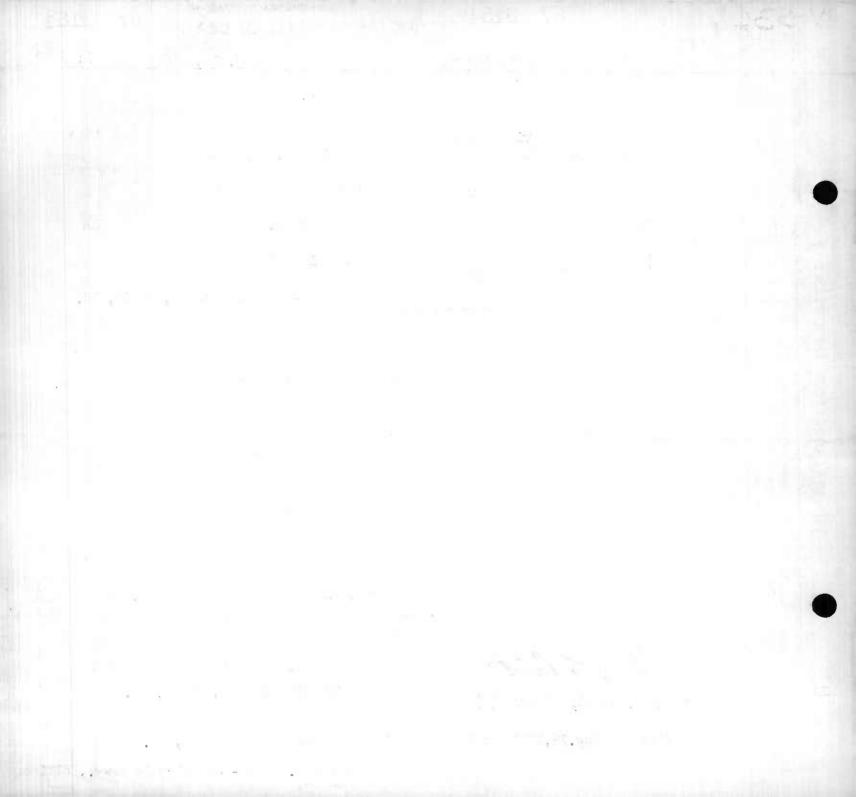
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cause; (5)

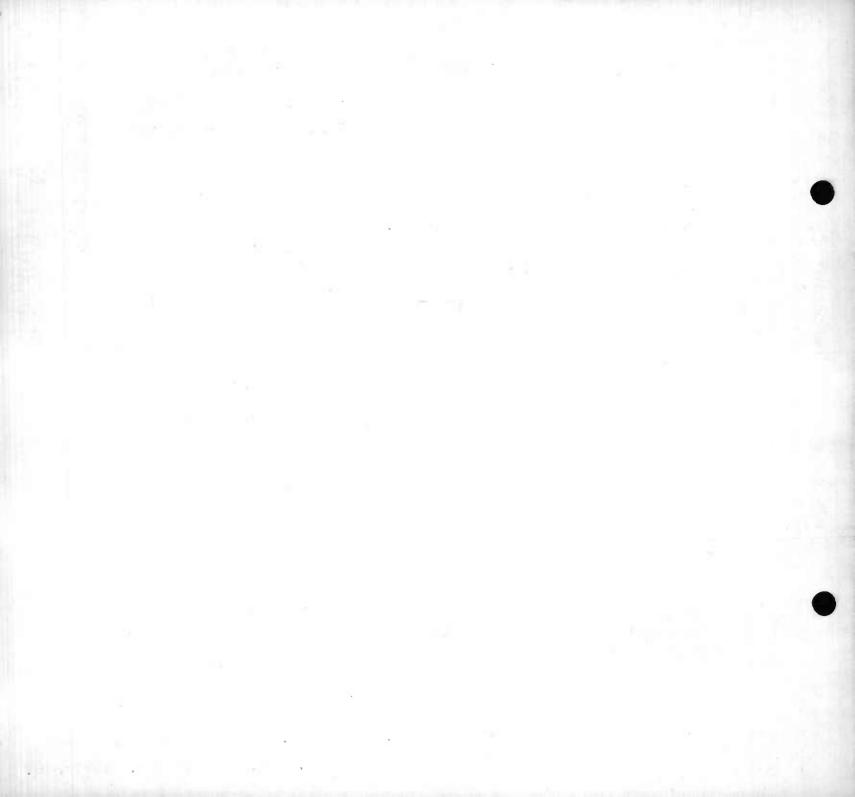
hospital

Burial Aug. 26, 1967
25A. DATE REC'D BY HEALTH DEPT. | 25B. NA Cedar Hill Cemetery Ritchie Hgwy., A.A.Co., Maryland 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR AUG 28 1967 George J. Gonce - 4001 Ritchie Hgwy., Balto. VS 150-REV, 1/1/65

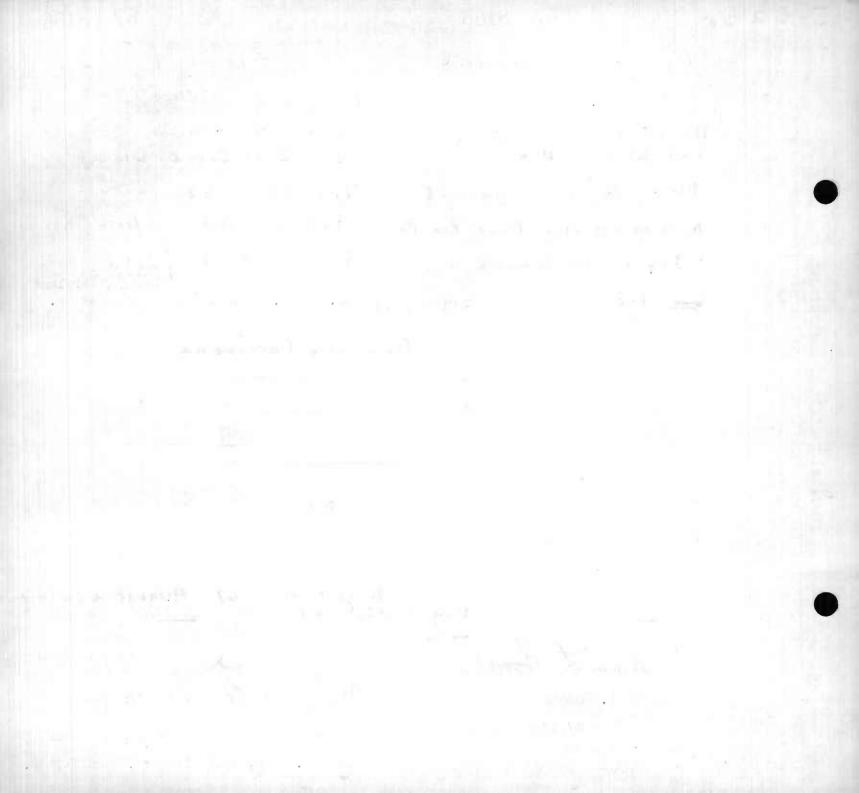
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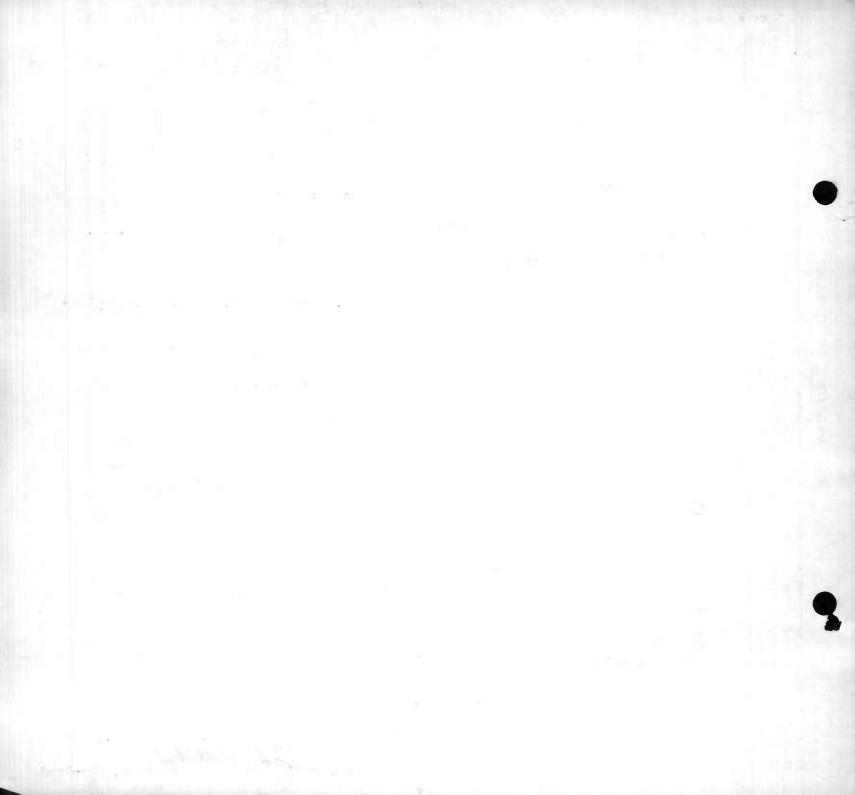
CD C	BALTIMORE CITY	HEALTH DEPARTMENT	V	Cm Olom
	3185 CERTIFICA	TE OF DEATH	Registered No.	0/ 8185
M.E. CASE NO.		2 DATE AN	ID HOUR OF DEATH	
Type of int)	11112212	Cla	.11.10	210
B. PLACE OF DEATH IN BALTIMORE, MARYLAN	wrence D.	14 USHAL RESIDENCE When	4 67	stitution: residence before admissi
		A. STATE B. COUN	TY	A
FULL NAME OF (If not in haspital or inst	itution, give street	Marylar	d Baltimo	ore Co+
HOSPITAL OR oddress or location)		C. CITY OR TOWN (If out	side city limits, write l	RURAL and give township)
Bon Secouts Ho.	s Sita!	Baltimo	re- Dunc	dalk 53-00
30118 2200013 1700	3 7		rural, give location)	1
34		1738 Le	Slie R	ead # 2
	ARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24
male lubite	Married	9/25/95	lost birthdoyl	Months Doys Hours Mi
OA, USUAL OCCUPATION (Give kind of work 10 B, K		11. BIRTHPLACE (State or fore	gn country)	12. CITIZEN OF
one during most of working life, even if retired)	blabam Charl Ca	200		WHAT COUNTRY?
	hlehem Steel Co.	Maryland	Marie Control of the	U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	1E	
LAWrance Rosenh	oreer	1110150		
5. Was Deceased Ever in U. S. Armed Forces?	1 6, SOCIAL	17. INFORMANT		ADDRESS
Yes, no or unknown) (If yes, give wor or dotes of s		0 1	1 01	
No	213-07-0930	Patient	s Char	
18.	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	Y		0	-
LEADING TO DEATH	(A) C	ancer of	Pancreas	. Several
(This does not mean the made of dying	, e.g., DUE TO		***************************************	10.0
heart failure, asthenio, etc. 11 means the d injury ar camplication which caused death	1	1 1 1	1	mounted
ANTECEDENT CAUSES	(B) M	etastatic Ca in	to Liver KB	rain /1967
	DOE 10			
DISEASES OR CONDITIONS, if any,	giving	alnutrition du	a Paul Pa	a clane
rise to the obave cause (A) statin UNDERLYING CONDITION last.	ig the (C) Fic	alling Little day	o CA of La	ricreas
- 11				
Z OTHER SIGNIFICANT CONTRACTOR CONTR	IBUTING			
O THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	TO THE	No		
U 19A. DATE OF OPERATION 198. CONDITION	N FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	20 B. IF YES. WERE	FINDINGS CONSIDERED
WAS PERFORME	D	020	IN CERTIFYING CA	USES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., in	n or obout 21 C. WHERE DID	* (If in Bottimore	City, give exact location)
OR CONTRIBUTING CAUSE OF	home, form, foctory, street, of	fice bldg., INJURY OCCUR?	201811016	
U	e(C.)			
21D. TIME (Month) (Doy) (Year) (Hou	11) 21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX)	White At Not While	е		
	Work At Work		13 1	
22. I certify that (1) (this hospital) atte		luguest 1/ 1	9 6 / ta Ch	quat 24 19 6
that (I) (we) last saw the deceased ali	ve on August 24	49 67 and the	at in (my) (aur) api	nion death occurred an the
ond haur and fram the causes stated ab	()	law the hady after death		
23A. SIGNATURE	(1,7 (1.0) (2.0) (2.10 1.01)	Ten The body offer deaths		23B. DATE SIGNED
Umo P.	An M.D. Atte	ending Med.	Stoff A	238 0412 3101420
for C	Phy	s. Director	Phys. V	Aug, 24 67
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		1
Yone'	Cho M.D.	Bun Sal	N.	1 1 0
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CRE	MATORY 124D 14	CATION (Ci	ly, lown, or county) (Stor
REMOVAL (Specify)			OCATION (Ci	ly, Jown, or county) (Stor
Burial 8/26/67	Holly Hill Mem.	Gardens Cem.	Balt	imore, Maryland
25A. DATE REC'D BY HEALTH DEPT. 258, N	AME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
AUG 28 1967	- C T 6	7 9		
ACC SO 1307 Har	Dia BriE, Starley MA	John of Duda.	17922 Wise	Ave. Dundalk, Mo



	00 0	BALTIMORE CITY	HEALTH DEPARTMENT	/	05	0100
В	rth NO. 67 8	186 CERTIFICA	TE OF DEATH	Registered No	5/	8186
	N.E. CASE NO. NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH		
	ype of Printl	nask	8	123/67		12:30 P.M
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND	Tan A	4. USUAL RESIDENCE (When			nce before admission)
			11 00			
	FULL NAME OF (If not in haspited or institut) HOSPITAL OR address or location)	on, give street	Maryland	Baltimore	and of	1.1
10	INSTITUTION	1 '1 1	C. CITY OR TOWN (If aut			e tawnship)
K	Maryland General 1	tospiral	D. STREET ADDRESS (If rurol, give location)			
r	827 Linder Ave.		The state of the s	r Creek	Driv	1 H 3-
5		IED, NEVER MARRIED	<u> </u>	AGE (In years		- Committee
	male IND + WIDO	WED, DIVORCED (specify)		ast birthday)	Months Day	s Hours Min.
-	DA. USUAL OCCUPATION (Give kind of work 108, KINE	OF PHENESS OF INDUSTRY		62	12. CITIZEN	05
	one during most of working life, even if retired)				WHAT	COUNTRY?
	machine operator Ne	SON BOX Co.	Baltimore	IYLA,	UNIT	64 2 1× 10
1.	3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM			
	George W. Schai	uk	Bertha	E. Rey	blow	7
1:	. Was Deceased Eyer in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANTICE)			Maryland
1	es, na ar unknawn) (If yes, give war ar dates of servi		Mrs. May E. Sc			
-	18. 2.	214-18-3397	F DEATH	min, OJIH		RVAL BETWEEN
h	1.17.00	CAUSE	DEATH			ET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	mat	astatic Carc	111000		?
	(This does not mean the made of dying,	e.g., DUE TO	astatic Laic	INDINEC		
	heart failure, osthenia, etc. It means the dise- injury or camplication which caused death.)	ase,				
	ANTECEDENT CAUSES	(B)				
L	DISEASES OR CONDITIONS, if any, give	DUE TO				
	rise to the abave couse (A) stating				******	
	UNDERLYING CONDITION last.			28		
,	11					
0	OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO THE DEATH BUT NOT RELATED TO					
	DISEASE OR CONDITION CAUSING IT.	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.	200 IS VEC WERE SI	INDINGS CO.	MEIDERED
	WAS PERFORMED	DK WHICH OFERATION	A la	208. IF YES, WERE FI	SES OF DEA	TH?
4	21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., i	n or about 21C, WHERE DID	(If in Baltimare	City give ex	act Incation)
	OR CONTRIBUTING CAUSE OF DEATH (natify medical examinet	home, farm, factory, street, a		111111111111111111111111111111111111111		adi taganati
-	110					
1	21 D. TIME (Manth) (Doy) (Year) (Haut) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?		
	(APPROX.)	While At Nat While Wark At Wark				
	22. I certify that (I) (this hospital) attende	ed the deceased from L	Jugust 4 1	9 67 10 AU	quet:	23 1967
	that (I) (we) last saw the deceased alive	11 1	3 19 67 and the		1	7
	The same of the sa			i iii(iiiy) (ddi) opiii	NON GOOM O	ccorred on the dor
	and hour and from the causes stated above	e. (I) (we) (aid) (did not) v	lew the bady after death.		23 B. DATE SI	CNED
	23.100	M.D. Atte	ending Med.		23 B. DATE SI	72/
	William X 1000		s. Director	Staff Phys.	8/	05/6/
	23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		11	
	William L. Boddie	M.D.	Maryland	General	Hosp	21/2/
2	4A. BURIAL CREMATION, 248. DATE 240	. NAME of CEMETERY of CRI	EMATORY 24D. LC	CATION (City	y, tawn, ar co	unty) (Stote)
	8/00/47	ardens of Faith	Cemetery	Raltim	ore, Ma	muland
2	201101	AE OF REGISTRAR	25C. FUNERAL DIRECTOR	Darorn		ADDRESS
	AUG 28 1967 R. C.	ME FailerMA	John J. Duda,	7922 Wise A		
L		M.C. MUNICO, M.				,
٧	S 150-REV. 1/1/65	,				



67	0400	HEALTH DEPARTMENT		67 84 817
BIRTH NO. M.E. CASE NO.	8187 CERTIFICA	TE OF DEATH	Registered Na.	07 0107
1. NAME OF DECEASED	NICO	2	ND HOUR OF DEATH	45
3. PLACE OF DEATH IN BALTIMORE, MARY	LAND / Yeg	4. USUAL RESIDENCE (Whe	ere deceased lived. If i	institution: residence before odmission)
		Mary land		
HOSPITAL OP address or location)	institution, give street			RURAL and give township)
700 E. K3	5/		COVE	27.10
00 Bulto.	and	D. STREET ADDRESS OF	rurol, give location)	SA
	, MARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
Frmale White	WIDOWED, DIVORCED (specify) Widow	Feb. 23, 1900	lost birthdoyl	Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work)			ign country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working lile, even if retired) Office worker	Civil service	Marvland		U.S.A.
13. FATHER'S NAME	OTATT DELATOR	14. MOTHER'S MAIDEN NA	ME	U a D a A a
Clotworthy Rodke	у	Dena Fair		
15. Was Deceased Ever in U. S. Armed Force (Yes, no or unknown) (If yes, give war or dates	s? 16. SOCIAL of service) SECURITY NO.	17. INFORMANT	72 11 141	ADDRESS
No	/	Mrs. Harry Hai	ines. Uniont	sown. Maryland
18. 3 5 / X I	CAUSE O		, , , , , , , , , , , , , , , , , , , ,	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRE-	CTLY	Cerebral H	Commission	e" / /
(This does not mean the mode of d	ying, e.g., DUE TO	Cerestral (1	& 12<0 / / / / / Cold	e Sudden.
heart failure, asthenia, efc. It means the	Ti -	/ //	1 43	
ANTECEDENT CAUSES	(B) AVTE	no-schoole	vas. Dis.	ic yes,
DISEASES OR CONDITIONS, if or	y, giving //	vio-schooling		
rise to the obove couse (A) s UNDERLYING CONDITION lost,	sloting the (C)	y seed & be easier		
11				
OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSING IT.				
DISEASE OR CONDITION CAUSING IT.	TION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or N	o) 208, IF YES, WERE	FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDI		No	IN CERTIFYING CA	AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	218. PLACE OF fNJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21 C. WHERE DID	(If in Boltimo	re City, give exoct locofion)
01	(Hour) 21E, INJURY OCCURRED	21F. HOW DID IN.	JURY OCCUR?	
OF INJURY	While At Not Whi			
22. I certify that (1) (shis-hospital)	Work At Work		1959 to A	49.24 1967
that (1) (we) last saw the deceased	1 1	0		inian death accurred an the dat
and hour and from the causes state				mindir death decorred dir the dar
23A. SIGNATURE	a abave: (1) (may (alla) (manufact)			23B. DATE SIGNED
fart 10	Jeusen wies Phy	ending Med. Director	Stoff Phys.	Aug. 24, 1967
23C. PHYSICIAN'S	2	23D. ADDRESS		1. 1. 1. 10
NAME (Type) To 12	ekson kon M.D.	5111 York	Hel Bak	1. My 21212
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily)	24C. NAME of CEMETERY OF CR	EMATORY 24D. L	LOCATION (C	City, town, or county) (State)
Burial 8/27/67	Lutheran Cemeter	ry Uni	ontown. Car	roll Co., Maryland
	58. NAME OF REGISTRAR	25C. FUNERAL DIRECTO		ADDRESS
AUG 20 1307	Lower C. Tarbert	O C.O. Fuss & So	n Tan	eytown, Maryland
V\$ 150-REV. 1/1/65				



	TH NO. E CASE NO. BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No.	67 8188
(Ту	PLACE OF DEATH IN BALTIMORE, MARYLAND 2. DATE AND HOUR OF DEATH 2. DATE AND HOUR OF DEATH 3. DATE AND HOUR OF DEATH 4. USUAL RESIDENCE (Where deceased lived, II inst	8:14 A
	FULL NAME OF (If not in hospital of institution, give street oddress or location) INSTITUTION CHURCH HOME of HOSPITAL OR C. CITY OR TOWN (III outside city limits, write RU D. STREET ADDRESS (If jural, give location)	PRAL and give township)
s made		If Under 1 Yi. If Under 24 Months Doys Hours Mir
÷	FATHER'S NAME AT HOMELE IL. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME	12. CITIZEN OF WHAT COUNTRY?
odsip I	Vas Deceased Ever in U. S. Armed Forces? Sono or unknown) (II yes, give wor or doles of service) Vas Deceased Ever in U. S. Armed Forces? SECURITY NO. 17. INFORMANT 17. INFORMANT	ATLE A ADDRESS
ned or find	18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) 1400 & 67 110 Melvein T. Parc (Son) CAUSE OF DEATH (A)	1834 Sough S INTERVAL BETWEEN ONSET AND DEATH
s are embali	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving tise to the above cause (A) stating the UNDERLYING CONDITION last.	
ATION		λ.
AL CERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FILE OF INJURY (e.g., in or obout 21 C. WHERE DID (II in Baltimore blog., INJURY OCCUR?	NDINGS CONSIDERED SES OF DEATH? City, give exact location)
	DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED While At Not While Work At Work	
t be obto	22. I certify that (I) (this haspital) attended the deceased fram 1967 ta that (I) (we) last saw the deceased alive on 1967 and that in (my) (aur) apini and haur and fram the causes stated above. (I) (We) (did) (did nat) view the bady after death.	S
proval must be		23B. DATE SIGNED
D 124	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, REMOVAL (Specify) 8-28-67. OAK LAWN CEM. 7235 EASTERN 6	LUD. BALTO, Co,,
*	AUG 28 1967 R. O. S. E. Fallenna Charles & Suley 824	ASTERN AUE TC, LIZZY, M

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VS 151-REV. 1/1/65

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 8189

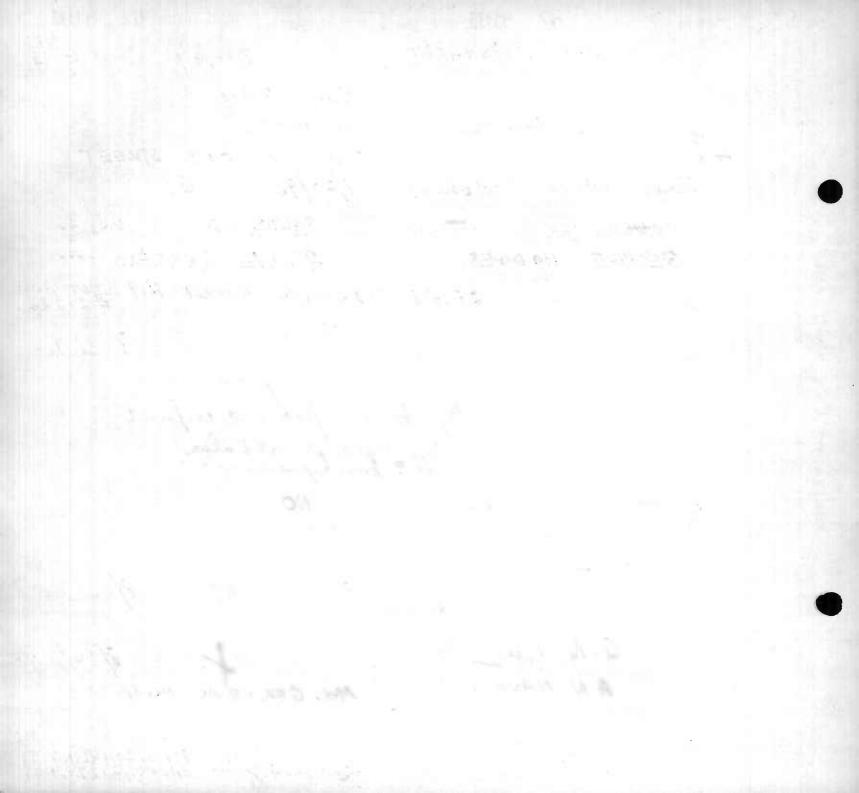
NAME OF DECEASED	Cr	awfor	d			OUR PRONOUNC		
ype or rillin	ERNEST	BRIG	HTWELL		August	23, 1967	11:0	00 P. M.
PLACE IN BALTIMORE, N				A. STATEMARY	ENCE (Where dec land	eosed lived. If inst	titution: residence before the control of the contr	re admission
JLL NAME OF (IF NO ADDITION	OT IN HOSPITAL RESS OR LOCATION	OR INSTITU	ITION, GIVE STREET	C. CITY OR TOW	VN (If outside co	rporote limits, write	e RURAL ond give to	wnship)
7				D. STREET ADDR	sville	. 1	60-01)
Mercy Hos	pital		(DOA)		D. #1	e loconon)		
SEX 6. RACE			NEVER MARRIED DIVORCED (specify)	8. DATE OF BIRTH	1	9. AGE (In years lost birthday)	If Under 1 Yr. If U	
	ite	mar	ried	July 2		54		
A. USUAL OCCUPATION (12. CITIZEN OF WHAT COUNT	RY?
Core Molder		Foun	ndry	Frede:		Md.	U. S.	
Jesse	E Bri	ightwe	11		lie Carl	hanah		
WAS DECEASED EVER IN	N U.S. ARMED F	ORCES?	16. SOCIAL	17. INFORMANT	TTE Cari	Jaugii	ADDRESS	7 1
no or unknown) (If yes, g		of service)	212-38-968	A Mnc M	one M I	ant chtwo		l, M
18.	no			OF DEATH	ary IV.	DITELLOWE		BETWEEN
57/X	ND)		0.100					ND DEATH
DISEASE OR CO	ONDITION DIRECTOR	CTLY	Crush	ning injur	ies of tr	unk		
ATION Assessment on	4- 1 1 1		(A)		200 42 42			
(This does not meon	me mode of d	ying, e.g.,	DUE TO					
heart foilure, osthenio, injury or complication	etc. It meons th	ie diseose,		• • • • • • • • • • • • • • • • • • • •			17.	
heart failure, asthenia, injury or complication	etc. It means the which coused dec	ie diseose,						
heort foilure, osthenio, injury or complication ANTECED DISEASES OR CON	etc. It means the which coused dec ENT CAUSES DITIONS, IF ANY	oth.)						
heart foilure, asthenia, injury or complication ANTECED	etc. If meons the which coused dec ENT CAUSES DITIONS, IF ANY CAUSE (A) STA	oth.)	DUE TO					
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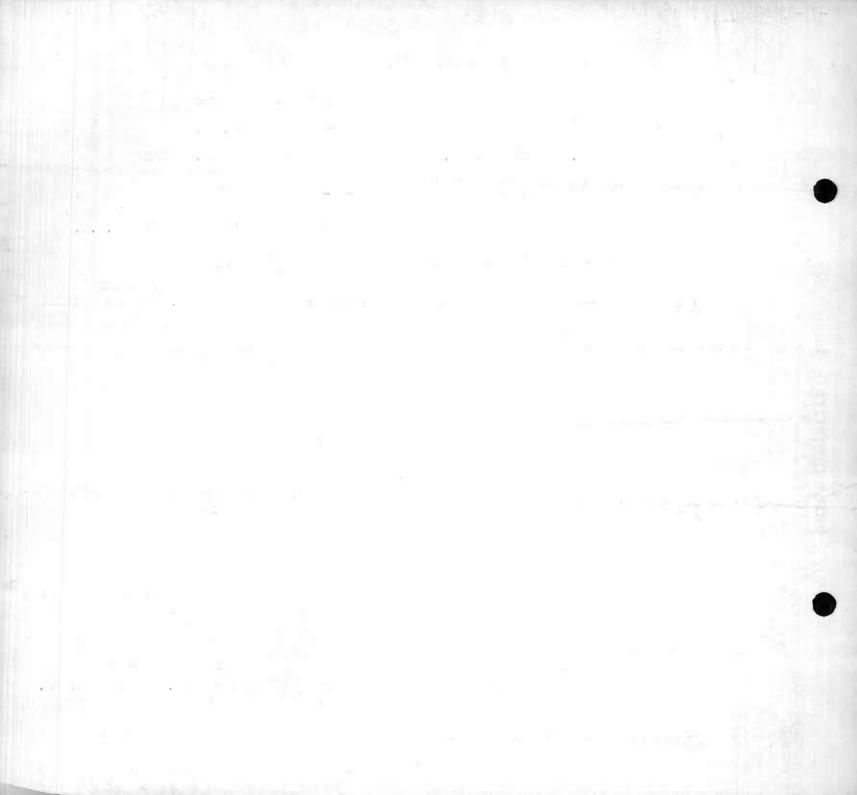
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(APPROX.)		Wo					
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	e) last saw the decease			19 67 and t		inian death accurred	an the
and haur a	nd from the causes stat	red abave. ((We) (did) (did nat) v	iew the body after death.			
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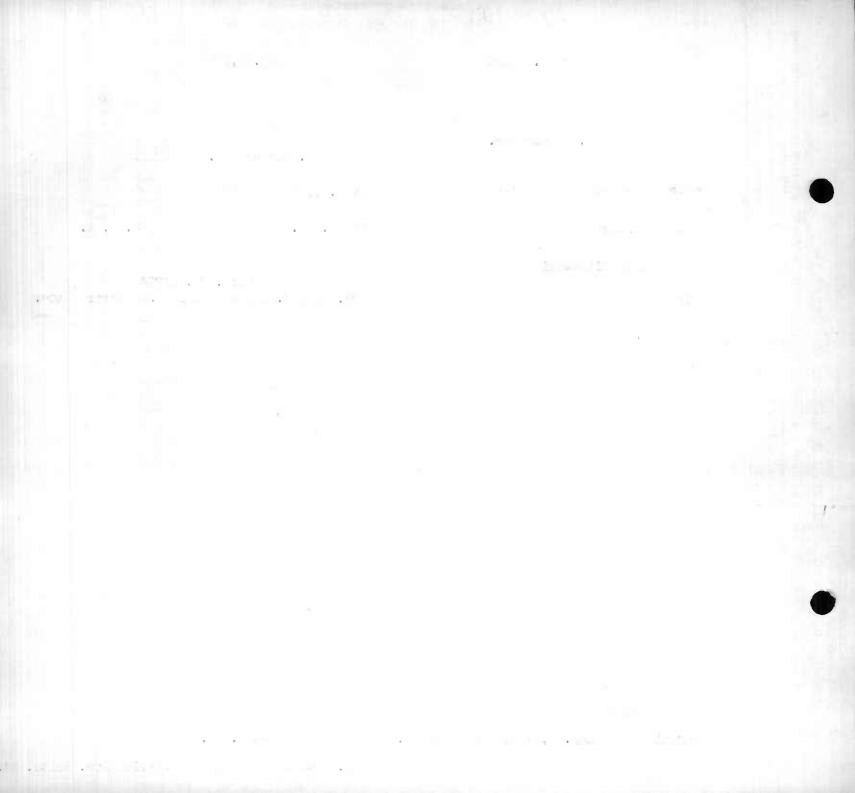
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38-71-23 DH	BIRTH NO. 67 8192 CERTIFICATE OF DEATH Registered No. 67 8192
tal and f death sceased on the h. Such	M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) HALL RUBY (Ruby Hall) 2. DATE AND HOUR OF DEATH (S) 23/67 7:05 P.M. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE B. COUNTY
ed in a hospital and tring cause of death of cause; (5) Deceased r attendance on the prior to death. Such le.	FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals BALTIMORE CITY HOSPITALS 4940 Eastern Ave. Baltimore, Md. #21224 A. STATE B. COUNTY Maryland, Baltimore C. CITY OR TOWN (If outside city limits, write RURAL ond give township) D. STREET ADDRESS (If rurol, give locotion) 2732 Southbrook Rd. #21222
occurr ontribu ermine regula eased is mad	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) ARRIED 10A. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
NT Int if death direct or c d; (4) Undet th was in on the dec	West Virginia U.S.A. 13. FATHER'S NAME Sherman McGRAdy Ora Boken
RTAI ssista the the kind deaf	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give wor or doles of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Records: Baltimore, Maryland #21224 CAUSE OF DEATH
IRECTOR: al examiner of examiner. by A fracture an who pron in regular of	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stating the UNDERLYING CONDITION tast.
VERAL hief medic ody burn he physician we	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE Sepsis - ? CZUSE. Disease or Condition Causino To Sepsis - ? CZUSE. 190. Date of Operation 198. Condition for which Operation Was Performed Was Performed Was Performed TES
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icate mu was rele An accic A. at a hi prior to	Zachary Grossman 23C. Physician's Name (Type) ZACHARY GROSSMAN ZACHARY GROSSMAN
This certif the body shows: (1) was D.O., deceased written a	REMOVAL (Specify) BURIAL Aug. 26 1967 CREST LAWN HOWAR CO. Md. 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR AUG. 28 1967 Robert LAWN G. TRUMBA Schwab VS 150-REV. 1/1/65 VS 150-REV. 1/1/65



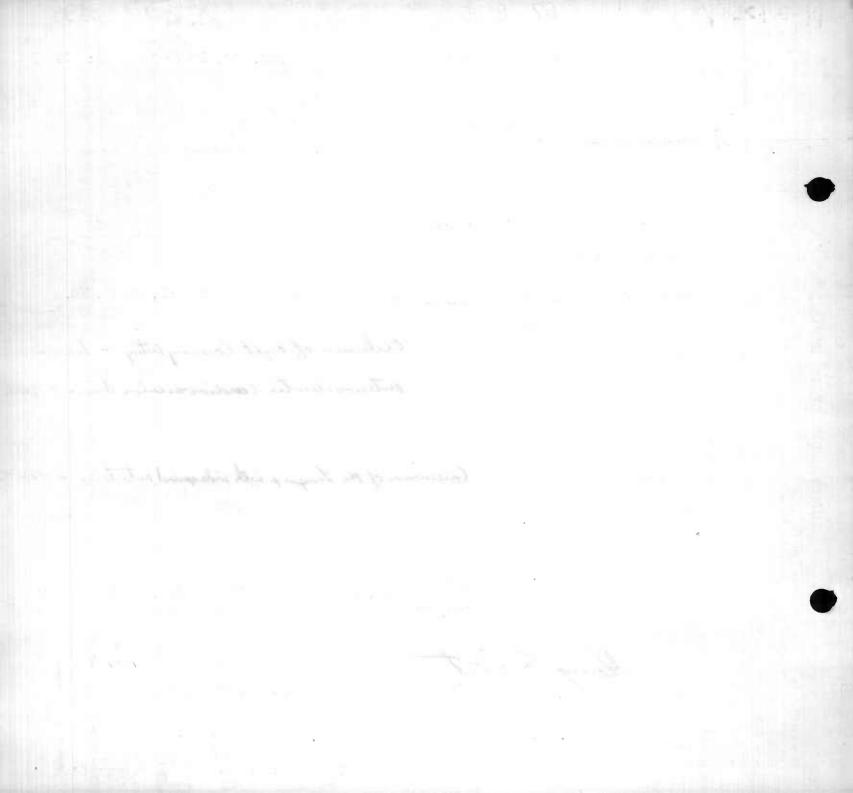
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	FULL NAME O HOSPITAL OR INSTITUTION US Publ	OF (If not in hospital address or location	ryLand or institution, give street cvice Hospital	Marylan c. city or town Reisten D. STREET ADDRESS	Where deceased lived, If OUNTY d V outside city limits, write	institution: residence before admission) BaltaCoo e RURAL and give township) 25704453
5.	SEX M	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specif Married	8. DATE OF BIRTH 12/8/15	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
		working life, even if retired)	108. KIND OF BUSINESS OR INDU Major - USA	STRY 11. BIRTHPLACE (Stote or Maine	foreign country)	12. CITIZEN OF WHAT COUNTRY?
13.	Newman	Nichols		14. MOTHER'S MAIDEN Ada Mc C		
15. (Ye	Was Deceased es, no or unknown Yes	(If yes, give wor or dote USA 1943-19	s of service) SECURITY NO.	17. INFORMANT Records- U	S PHS Hospita	al, Balto, Md.
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Letter from Funeral Director 9-18-57

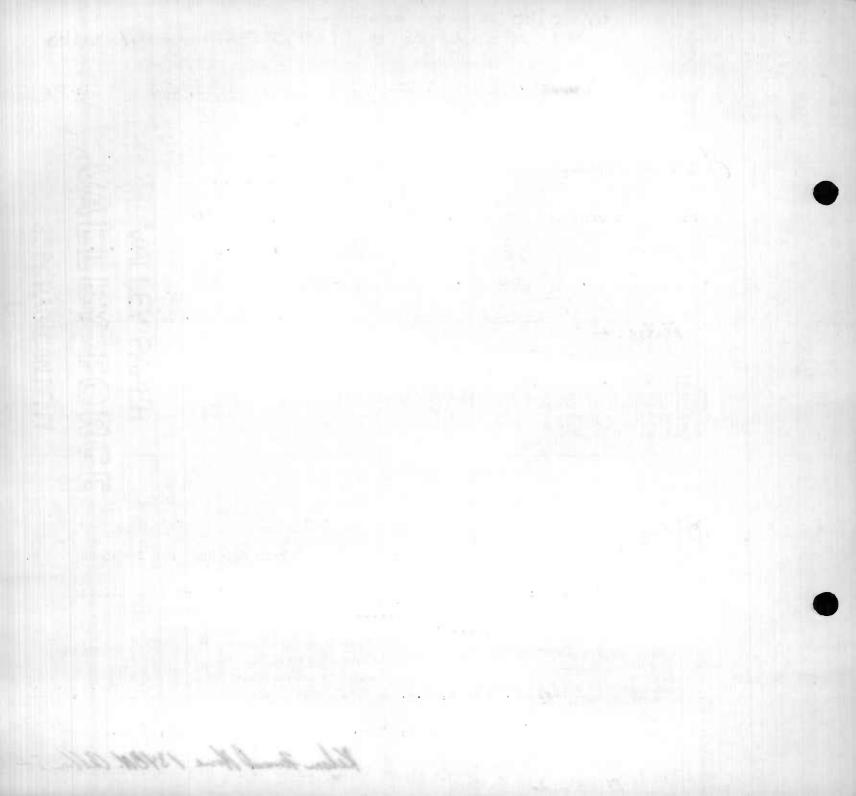
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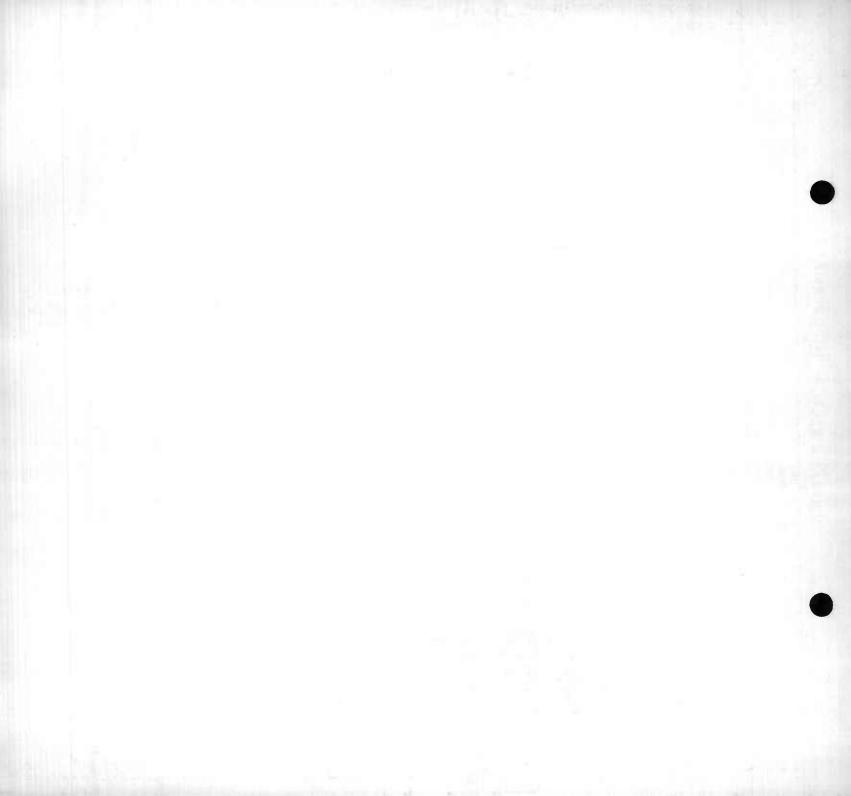
~ 4	0730		EALTH DEPARTMENT			
	MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH	Registered No.7	8198
			12.04	TE AND HOUR BRO	NOUNCED DEAD	

M.E. CASE NO.					
1. NAME OF DECEASED (Type or Print)		2. DATE AND HOUR PRONOUNCED DEAD			
3. PLACE IN BALTIMORE, MARILAND, WHERE PRONOUN	ON (Smit	August 25, 1967 11:45 am.			
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUT HOSPITAL OR ADDRESS OR LOCATION)	TON, GIVE STREET	Maryland C. CITY OR TOWN (If autside corporate limits, write RURAL and give township)			
Sinai Hospital		D. STREET ADDRESS (Il rurol, give locosion)			
		5406 Denmore Avenue			
	IEVER MARRIED IVORCED(specify)	B. DATE OF BIRTH 9. AGE (In years III Under 1 Yr, II Under 24 Hrs, Months, Doys, Hours, Min.			
Made Colored Never	Married BUSINESS OR INDUSTRY	April 12, 47 20			
	Track	Wilmington, Del. U.S.A. 14. MOTHER'S MAIDEN NAME			
	6. SO CIAL	Grace Smith 17. INFORMANT ADDRESS			
(Yes, no or unknown) (If yes, give war or dotes of service)	SECURITY NO.	203 E. 13th St.			
No		Charles Anderson Sr. Wilmington, Del.			
18. = 8/6. 4	CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH			
DISEASE OR CONDITION DIRECTLY					
LEADING TO DEATH (This does not mean the made of dying, e.g.,	(A) Cra	niocerebral injuries			
heart lailure, asthenia, etc. It means the disease, injury ar camplication which caused death.)	DUE TO				
ANTECEDENT · CAUSES					
DISEASES OR CONDITIONS, IF ANY, GIVING	DUE TO				
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
Z	(C)				
1					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR W WAS PERFORMED					
~/ 2	HICH OPERATION	20A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
21A. EXTERNAL CAUSE WAS UNDERLYING WOR CONTRIB- UTING CAUSE OF DEATH.	ACE OF INJURY (e.g.,	in or about 21C. WHERE DID (II in Baltimare City, give exact location)			
UNDERLYING XOR CONTRIB-		office bldg., INJURY OCCUR?			
Z 21D TIME (Month) (Doy) (Yeor) (Hour) 211	Street	Park Heights and Spaulding Aves.			
OF INJURY		WHILE			
8 24 67 11:30 p w	ORK NOT	Subject in auto-auto collision			
22. I certify that I held an Inquiry	Inspection Aut	apsyXX and that an this basis, death in my apinian			
resulted fram: Natural causes	cident X Suicid				
0./1		CHIEF MEDICAL EXAMINER X			
SIGNATURE A STANKE	м. D.	ASSISTANT MEDICAL EXAMINER DATE SIGNED			
EXAMINER'S NAME (Type) Russell S. Fi	sher. M.D.	ASSOCIATE MEDICAL EXAMINER			
23A, BURIAL CREMATION, 23B. DATE 23C. REMOVAL (Specify)	Sher M.D.	CREMATORY 23D. LOCATION (City, town, or county) (State)			
D	thodas (lom Williamin at an D. 3			
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME O	athedral, Grant Registrar	Pem. Wilmington, Del 24C. FUNERAL DIRECTOR ADDRESS			
AUG 28 1967 R. L. B	E, Farley M.	Keling Fineil Home 1348M. Cella St			
VS 151-REV. 1/1/65	21	The state of the s			



heat leaboured a levier 2 m. Country Wilisadian 10 m/s 10 m/s Coming for my My 8/23/0

1-1	CFT	0000	BALTIMORE CITY	HEALTH DEPARTMENT		OMY OSS	
BIRTH NO.	0/	8200	CERTIFICA	TE OF DEATH	Registered No.	67 820	0
M.E. CASE 1. NAME OF	OECEASED	2 5	IMPSON	2. OATE AN	D HOUR OF DEATH	12.10.	1012m
3. PLACE O	F OEATH IN BALTIMORE, MARY		11-11 2010	4. USUAL RESIDENCE (Whe	re deceased lived, if in		
				MARY LAN	Y		
FULL NA HOSPITA INSTITUT	L OR oddress or tocotion)	institution, give	street		Iside city limits, write R	URAL and give townst	nial-,
0/1/3.	WITH CHARLES	Cr	1 Hasp	BALTIMO		04	5-07
7/140	ACIA CANICLOS	Z GRV	J. 81034		rural, give location)	(BOLTON NURSIN	G Horm
5. SEX		MARRIED, NEV	VER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If L Months: Doys Hour	Inder 24 Hrs.
TE	MALE WHITE	WI	Dow	6/27/02	85		
	OCCUPATION (Give kind of work) (ngst pf working life, even if retired)	OB, KIND OF BUS	INESS OR INOUSTRY		•	12. CITIZEN OF WHAT COUNTR	¥?
	YOUSEWIFE			PENNSYL		D-2-4	-
13. FATHER		NNELI		14. MOTHER'S MAIDEN NAME OF ALORA	RA WHIS	THE	
	OHN COL		SOCIAL	17. INFORMANT			
IYes no of un	known) (If yes, give wor or dotes	of service)	SECURITY NO. 218 - 05-068		BONSAL	3008 OAK	HILL
18.	60 X I		CAUSE O			INTERVAL B	
1	DISEASE OR CONDITION DIRECT	CTLY	0.	I MANNAN. Y	EDEMA		DAUC
	oes not mean the mode of d		(A) LJ	L MONARY CONGESTIVE	HEANT	TANUNE	V / 1/ 1/2
	pilure, osthenio, etc. It meons th or complication which coused d						
	ANTECEDENT CAUSES		OUE TO	ANGRENE PLABETIC ATI	1000	DATIC DI	A
	SES OR CONDITIONS, if on the above couse (A) s		in D	MABBILL ALL	16 MOSCLE	TO THE DI	2
	LYING CONDITION lost.	sioning ine		NEMINTA	5 10	DIABETE	-
ZOTHER	II SIGNIFICANT CONDITIONS CO	NTRIBUTING			,		
TO THE	HE DEATH BUT NOT RELATE E OR CONDITION CAUSING IT.	ED TO THE					
19A. DA	TE OF OPERATION 198, CONDI	THON FOR WHICH	H OPERATION	20 A. AUTOPSY? IYes or No	ON CERTIFYING CAL	FINDINGS CONSIDERE USES OF DEATH?	D
U 21 A. AC	CIOENT WAS UNDERLYING	21 B. PLA	CE OF INJURY le.g., is	or obout 21C. WHERE DID	IIf in Boltimore	City, give exact local	tion)
	ATRIBUTING CAUSE OF	home, fo	orm, foctory, street, of	fice bldg., INJURY OCCUR?			
OF INJ	AE (Month) (Doy) (Year)	(Hour) 21E INJ	URY OCCURRED	21 F. HOW DID INJ	URY OCCUR?		
E (APPRO		While A Work	Not Whill			,	
22. l c	ertify that (1) (this hospital)	attended the d	eceased from	3 / 16	1967 to	8/24	19.67.
that (1	(we) lost sow the deceased	alive on	8 / 24	19 6.7 ond th		nion deoth occurred	on the dote
	ur and from the causes state	d obove. (I)	e (did) (did not) v	iew the bady ofter deoth.			
23 A. SIC	ONATURE O O		M.D. Atte	anding Med.	Stoff 🔀	23B. DATE SIGNED	10
22.5 24	ranux y	1an	Phy	s. Director	Phys.	8/24/	6/
NA NA	YANUEL J.	TAN	M.O.	North Chr	rles Ges	n. Hosp	ntel
24A. BURIA	L CREMATION, 24B. OATE	24C, NAME	of CEMETERY of GRI	MATORY 240. L		ty, town, or county)	(Stote)
Bur	cal 8/28/6	7 /2e	w Cat	hedral ol		Rol Ball	t. Ing
25A. DATE	28 1967	B. NAME OF R	EGISTRAR	25C. FUNERAL DIRECTOR		Liberty &	De 1
VS 150-REV	TOUR CHECKEN	G, Wowley	- 0 0	Dienig Bye	s Ran	dellator	inema
43 130-KEV	. 17.703						



BIRTH NO.		8/111		Y HEALTH DEPARTMENT	Registered Na	67 820
	OF DECEASED	m. G	reer	2, DATE	AND HOUR OF DEATH	6 P.M
FULL N	TAL OR oddress or location)	r institution, give str	eet -	C. CITY OR TOWN III OF STREET ADDRESS	aned.	RURAL and give township)
5. SEX	6. RACE	7. MARRIED, NEVER	R MARRIED ORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under Months Doys Hours
done during	AL OCCUPATION (Give kind of work a most of working life, even if retired)	10B, KIND OF BUSIN	IESS OR INDUSTR	W IV. BIRTHPLACE (Stote or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHE	ERS NAME OHN T	HOMEY	/	14. MOTHER'S MAIDEN N	AME NESUPI	MAN
15. Was D (Yes, no or	Deceased Ever in U. S. Armed Force unknown) (If yes, give wor or dotes	es? 16. SC SE	CURITY NO.	17. INFORMANT	Lecond	Hoad Conv. H
hearl injury DISE/ rise	DISEASE OR CONDITION DIRE LEADING TO DEATH does not mean the made of failure, asthenio, etc. 11 meons or complication which coused ANTECEDENT CAUSES ASES OR CONDITIONS, if a la lhe above couse (A) DERLYING CONDITION [ast.]	dying, e.g., the diseose, deoth.)		Preumonia,	0	,
ATION OTHE	ER SIGNIFICANT CONDITIONS CO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE PROPERTY OF THE PRO		A.S. H. 7			
STIFIC 19A. E	DATE OF OPERATION 198. COND WAS PERFO	ORMED WHICH	OPERATION	20 A. AUTOPSY? (Yes or	No.) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
, OR C	ACCIDENT WAS UNDERLYING ONTRIBUTING CAUSE OF (M (notify medical examiner)	home, form	OF INJURY (e.g., i, foctory, street,	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore	e City, give exoct locotion)
OF IN	NJURY	(Hour) 21E. INJUI While At Work	Not Wh		NJURY OCCUR?	
	certify that (1) (this haspitol) (1) (we) last saw the deceased			3/20/	1967 to 8.	19 nion death occurred on t
	hour and from the causes state	ed obave. (I) (We)	(did) (did not)			
237.3	IT Inon A	forme, ME		tending Med.	Stoff Phys.	23B. DATE SIGNED 8/23/1967
23 C. P	PHYSICIAN'S NAME (Type) AJNAN	SONMEZ	M.D	23D. ADDRESS 1011 Frederic	ck Road.	21228
	HAL CREMATION, 24B. DATE	24C. NAME of	CEMETERY of C	REMATORY 24D.	LOCATION (C)	ity, town, or county)
25A. DAT	TE REC'D BY HEALTH DEPT. AUG 28 1967	25B. NAME OF REG	ISTRAR	25C. FUNERAL DIRECTO)++-10, 1	ADDRESS
	AUG & 0 1967 ()	Cobab &	Jahou MA	4.3.MAL	NABIS	OF THE DENT

(

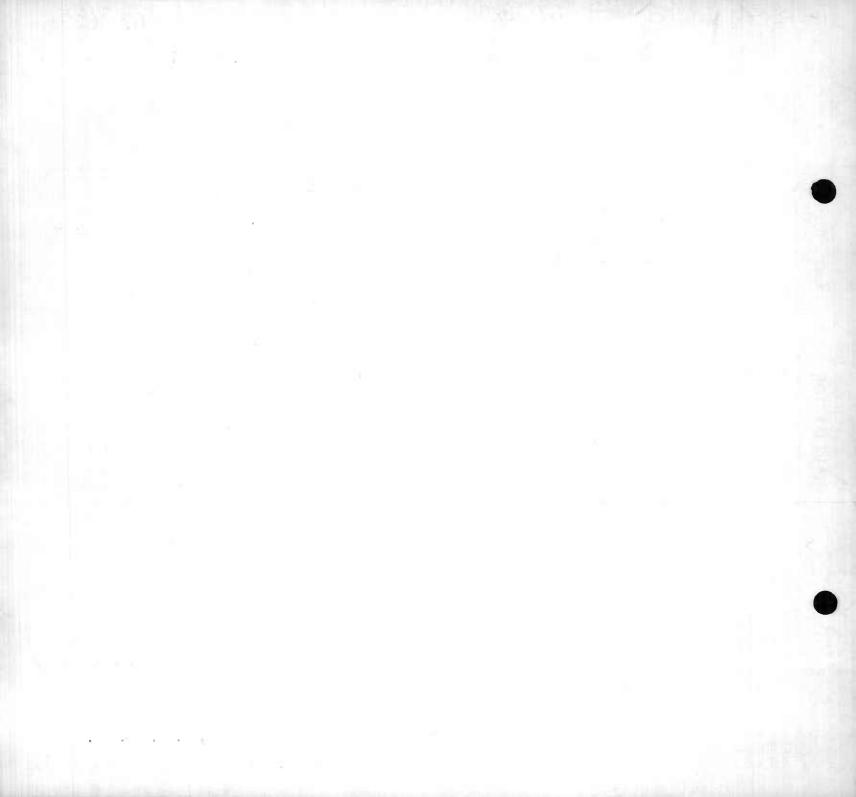
BALTIMORE CITY HEALTH DEPARTMENT

VS 150-REV. 1/1/65

Kassai O Hicker At the Beauty of the state of t

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1-	
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

Type or Pri		THOMAS				UG. 25 6		1 -	0
	EATH IN BALTIMORE, MA			4. USUAL RESI A. STATE MARYTAI	DENCE (Whe	re deceased lived. If	•	residence be	fore odmission
FULL NAME HOSPITAL OF INSTITUTION BOI	OF (If not in hospital oddress or location) TON HILL NURS	n)		C. CITY OR TO	WN (IF ou	tside city limits, write	e RURAL or	-	ship)
1				336 RIV	VERVIEW	RD			
F F	6. RACE	7. MARRIED, N	DIVORCED (specify)	8. DATE OF BIR 2-241892		9. AGE (In years lost birthday)	If Und Months	er 1 Yr. If Doys Ho	Under 24 Hr urs Min.
	CUPATION (Give kind of world f working life, even if refired)		Home	DORCHES!				TIZEN OF	RY?
3. FATHERS NA	ME		MORE	14. MOTHERS		ME BELL			
S. Wos Decease Yes, no or unknow NO	d Ever in U. S. Armed For vn)(If yes, give wor or dole	ices?	6. SOCIAL SECURITY NO.	17. INFORMANT		ART	94	ADDRESS	
DISE/	ASE OR CONDITION DI	RECTLY		OF DEATH	IN SYN	DROME		INTERVAL ONSET AN	
heort failure	nol meon the mode of , osthenio, etc. It meons implication which coused	the diseose,	DUE TO	ENERALIZEI	ARTE	RIOSCLEROS	is		
heori foilure injury or co	o, oslhenio, elc. II meons implicolion which coused ANTECEDENT CAUSES OR CONDITIONS, if he obove couse (A) IG CONDITION lost.	ony, giving stoling the	GE TO GE TO	*********************		RIOSCLEROS	****		
DISEASES rise lo 1 UNDERLYIN OTHER SIGITO THE DISEASE O 19A. DATE 6	n, osthenio, etc. II meons implication which coused ANTECEDENT CAUSES OR CONDITIONS, if he obove couse (A) IG CONDITION lost. II INFICANT CONDITIONS COUSEATH BUT NOT RELAR CONDITION CAUSING	ony, giving sloling the CONTRIBUTING ATED TO THE IT.	GE TO GE TO				E FINDING	S CONSIDER	
DISEASES rise lo I UNDERLYIN OTHER SIGI TO THE DISEASE O 19A. DATE O 21A. ACCID OR CONTRII	o, osihenio, elc. II meons implicolion which coused ANTECEDENT CAUSES OR CONDITIONS, if he obove couse (A) IG CONDITION lost. II	ony, giving sloling the CONTRIBUTING ATED TO THE IT.	DUE TO (B) DUE TO (C)	20 A. AUTOPS	sy? (Yes or No	208. IF YES, WER	E FINDING:	S CONSIDER	ED
DISEASES rise lo I UNDERLYIN OTHER SIGI TO THE DISEASE O 19A. DATE O 21A. ACCID OR CONTRII	o, osihenio, elc. II meons implicolion which coused ANTECEDENT CAUSES OR CONDITIONS, if he obove couse (A) IG CONDITION IOSI. II	ony, giving sloling the CONTRIBUTING ATED TO THE IT. IDITION FOR WHEFORMED 21 R. P. home, etc., J.	(B) DUE TO (C) HICH OPERATION LACE OF INJURY (e.g., form, foctory, street,	20 A. AUTOPS	SY? (Yes or No /HERE DID Y OCCUR?	208. IF YES, WER	E FINDING:	S CONSIDER	ED
DISEASES rise to 1 UNDERLYIN OTHER SIGN TO THE DISEASE OF 19A. DATE OF 19A. DEATH (notice) 21A. ACCID OR CONTRIL DEATH (notice) 21D. TIME OF INJURY (APPROX.) 22. I certif	o, oslhenio, elc. II meons implication which coused ANTECEDENT CAUSES OR CONDITIONS, if he above couse (A) IG CONDITION lost. II NIFICANT CONDITIONS OF OPERATION 198. CONDITIONS OF OPERATION 198. CONDITION CAUSING OF OPERATION 198. CONDITION CAUSING OF OPERATION 198. CONDITIONS OF OPERATION 199. CONDITIONS OPERATION 199. CONDITIONS OPERATION 199. CONDITIONS OPE	ony, giving sloling the CONTRIBUTING ATED TO THE IT. IDITION FOR WHEFORMED (Hour) 21E. II While Work	HICH OPERATION LACE OF INJURY (e.g., form, foctory, street, Not What Word At Word deceased fram	20 A. AUTOPS	SY? (Yes or No /HERE DID Y OCCUR?	208. IF YES, WER IN CERTIFYING C	E FINDING: AUSES OF ore City, gi	S CONSIDER DEATH? ve exoct loc	DED (0 fion)
NO DISEASES rise to 1 UNDERLYIN OTHER SIGITO THE DISEASE OF THE D	ANTECEDENT CAUSES OR CONDITIONS, if the obove couse (A) IG CONDITION lost. II NIFICANT CONDITIONS OF OPERATION 198. CONDITION CAUSING OPERATION 198. CONDITION (A) I (Month) (Doy) (Yeor) The property of the couse of the couse of the couses stand from the causes stand of the couses stand of th	ony, giving sloling the CONTRIBUTING ATED TO THE IT. IDITION FOR WATER TO THE LIT. (Hour) 21E, II While Work of the ed alive an	ICH OPERATION LACE OF INJURY (e.g., form, foctory, street, NJURY OCCURRED At Not What Not W	20 A. AUTOPS	SY? (Yes or No WHERE DID Y OCCUR? OW DID IN:	208. IF YES, WER IN CERTIFYING C	E FINDING: CAUSES OF ore City, gi	S CONSIDER DEATH? ve exoct loc	DED (0 front)
NO DISEASES rise to 1 UNDERLYIN OTHER SIGNOTO THE DISEASE OF THE DEATH (not) 21 D. TIME OF INJURY (APPROX.) 22. I certife that (I) (we and haur a	ANTS ANTECEDENT CAUSES OR CONDITIONS, if the obove couse (A) IG CONDITION lost. II NIFICANT CONDITIONS OF OPERATION 198. CONDITION CAUSING OF OPERATION 198. CONDITION (MAS PER CAUSE OF (Month) (Doy) (Year) y that (1) (this hospito of the causes stand from the causes standed of the causes of	ony, giving sloling the CONTRIBUTING ATED TO THE IT. IDITION FOR WATER TO THE LIT. (Hour) 21E, II While Work of the ed alive an	DUE TO (B) DUE TO (C) HICH OPERATION LACE OF INJURY (e.g., form, foctory, street, Not What Word At Word deceased fram	20 A. AUTOP: in or obout 21 C. Woffice bldg., INJUR 21 F. Haile 21 F. Haile 21 F. Haile 22 F. Haile 23 F. Haile 23 F. Haile 23 F. Haile 24 F. Haile 25 F. Haile 26 F. Haile 27 F. Haile 28 F. Haile 28 F. Haile 29 F. Haile	SY? (Yes or No WHERE DID Y OCCUR? OW DID IN:	208. IF YES, WER IN CERTIFYING C	E FINDING: AUSES OF ore City, gi	S CONSIDER DEATH?	neD oficin) 19



the second transfer plan to a second The Union Memorial Hospital 3009 Hanyan her, But The Lober Brendel Evely. U leter to Ball "mjetin that Richard ? 3 days Messive Leber memorini Regulity forlar

67. 8206 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.67. 8206

1000	E. CASE NO.	DICKE EXAMINATION CE	-KIIIICAI	LOIT		0.00
_				2. DATE AN	D HOUR PRONOUNC	ED DEAD
(Ту	NAME OF DECEASED PO OF PINN THOMAS J.	WILLIAMS		Augu	st 21, 1967	9:45 P.
3. FU HO	CERTIFICAT	PITAL OF INSTITUTION, GIVE STREET	C. CITY OR TOW Baltim	ence (Where d // (If outside ore	deceased lived. If inst B. COU e corporate limits, write give location)	titution: residence before admission) UNTY B RURAL and give township)
					rt Street	
	ale Negro	WIDOWED, DIVORCED (specify)	8-29-	-1930	9. AGE (In yours lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months, Days, Hours, Min.
don	N. USUAL OCCUPATION (Give kind of the during most of working life, even if retire ABOREK		11. BIRTHPLACE (C,		12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME	41	14. MOTHER'S MA	AIDEN NAMI		
15	WAS DECEASED EVER IN U.S. ARM	•	SUSIE 17. INFORMANTS	WILL	IAMS	A DDPESS
	s, no or unknown) (If yes, give wor or of		DOROTHY	usie W.	McKinnie VS 125 C	ADDRESS IN Spring, I
7	1B.	CAUSE	OF DEATH			INTERVAL BETWEEN ONSET AND DEATH
ERTIFICATION	LEADING TO DEA (This does not meen the mode heart failure, asthenia, etc., It me injury or complication which caus ANTECEPENT CAL DISEASES OR CONDITIONS, I RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION LA:	of dying e.g., ons the discose, ed deoth.) SES F ANY, GIVING DUE TO (C)	tensive C	ardlova	scular Dise	ase
THO	TO THE DEATH BUT NOT DISEASE OR CONDITION CAUS	ING IT	***************************************	***************************************	•••••	
O		PERFORMED			IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH? Yes
MEDICAL	21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	21B, PLACE OF INJURY (e.g., in home, farm, factory, street, of etc.)	n or obout 21C. W	HERE DID OCCUR?	If in Baltimore City, gi	ve exoct location)
Σ	21D TIME (Month) (Doy) (OF INJURY (APPROX.)	Yeor) (Hour) 21E. INJURY OCCURRED WHILE AT NOT WORK AT WO	VHILE	JENI DID W	IRY OCCUR?	
	22. I certify that I held an		[1]	that an thi	s basis, death in n	ny aninian
	ACTUAL SIGNATURE	Causes X Accident Suicide	Hamicia	de UEDICAL EXEDICAL EX	Indetermined manner AMINER AMINER AMINER	
RE/	BURIAL CREMATION, 238. DATE MOVAL (Specify) BURIAL A. DATE REC'D BY HEALTH DEPT.	23C. NAME OF CEMETERY OF	CREMATORY	Y	VAKE CO	, town, or county) (State)
	AUG 281	967 Roch E. Farley	1 JOSE	Ho Ky	VIGHT 1639	N. BROADWAY

8/30/67 - Correction form from funeral difector.

Marter

5-550 BIRTH NO.

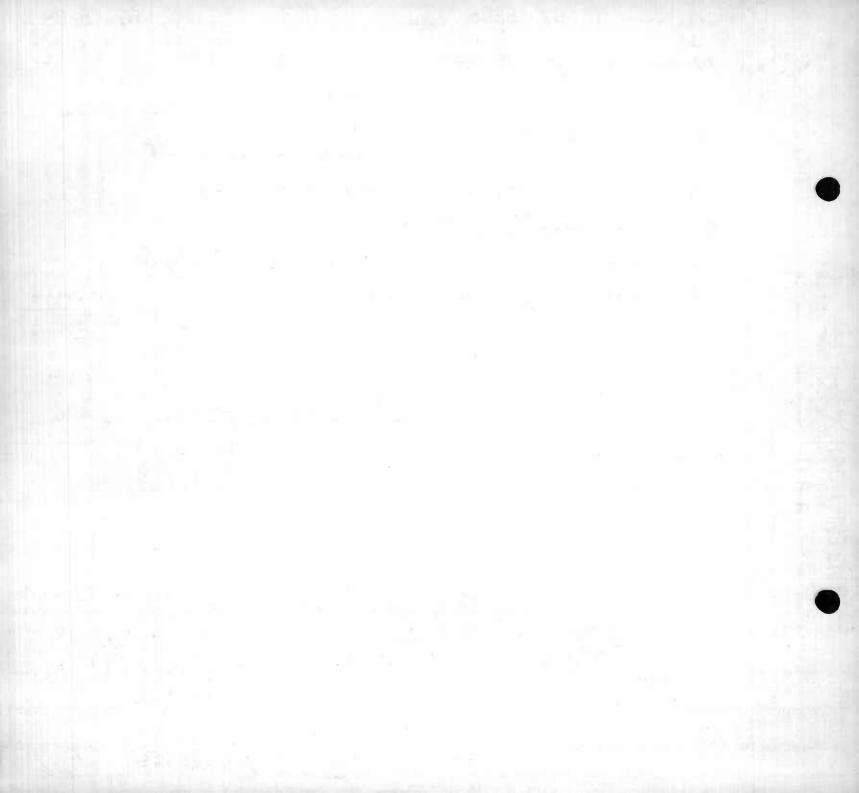
67. 8207 BALTIMORE CITY HEALTH DEPARTMENT

,			
MEDICAL EXAMINER'S	CERTIFICATE OF	DEATH Registered No	67 - 820

M.E.	CASE NO.								
I. N (Typ	AME OF DEC	EASED J.				2. DATE AND	HOUR PRONOUNC	ED DEAD	
		JAMES SH	IANAHAN				ust 25, 196		7:05 am.
3. PL	ACE IN BALT	IMORE, MARYLAND,	WHERE PRONOL	INCED DEAD	4. USUAL RESID	DENCE (Where d	eceased lived. If ins B. COI	titution: resid JNTY	dence before odmission)
FULI	NAME OF	(IF NOT IN HOS	PITAL OR INSTITU	ITION, GIVE STREET	Mary	land	corporate limits, writ	011041	
HOS	PITAL OR	ADDRESS OR LO	CATION)		C. CITY OR TO	WN (II outside	corporate limits, writ	e RURAL o	nd give township)
1	0				Balti	more			7-01
U	612 1	W. Lexingto	n Stroot		D. STREE DD	RESS (If rurol,	give location)		
	OLL	. Hexting co	n Street		612 W	Lexing	ton Street		
5. SE	Х	6. RACE		NEVER MARRIED DIVORCED(specify)	B. DATE OF BIRT		9. AGE (In years lost birthdoy)	If Under	Doys Hours Min.
1	Male	White	sina	1e	Feb 22	1904	63 60M		
		JPATION (Give kind of vorking life, even if retire		BUSINESS OR INDUSTR	Y 11. BIRTHPLACE	(State or foreign	country)	12. CITIZ	EN OF
done	Charl	vorking line, even it rentre			Maryla	nd		USA	
13. F	ATHER'S NAN	<u> er</u>	Baker	y	Maryla 14. Mothers M	AIDEN NAME		UJA	
	Dani	at I Ch	mahan			Mary Co	ne		
15. W	Dan Decease	D EVER IN U.S. ARA	anahan	16, SO CIAL	17. INFORMANT	Mary Co)IIE	ADDRESS	3
		(If yes, give wor or		SECURITY NO.					
	No				Fai	mily Re	ecords		
1	B. 40	01.	*	CAUS	E OF DEATH	40.00	1-1-1		INTERVAL BETWEEN
	DISEA	SE OR CONDITION	DIRECTLY						ONSET AND DEATH
		LEADING TO DEA	ATH	(A) Arte	riosclero	tic Card	iovascular		
	(This does not heart foilure,	not mean the mode osthenio, etc. It me	of dying, e.g.,	DUE TO	110001010	Dise	200		~===========================
	injury or cor	nplication which cous	ed deoth.)			DISE	ase		
	A	NTECEDENT CAL	ISES						
		OR CONDITIONS, I		DUE TO					
		E ABOVE CAUSE (A IG CONDITION LA							
Z				(C)					
은		II II					C T HE		
S		NIFICANT CONDITIO							
프		R CONDITION CAUS		nc					***************************************
CERTIFICATION	9A. DATE OF			WHICH OPERATION	20A. AUTOPSY		OB. IF YES, WERE FI		
	9	W AS	PERFORMED		N	_	N CERTIFYING CAU	SES OF DE	Ainr
		CAUSE WAS	21B,	PLACE OF INJURY (e.g.,	in or obout 21 C. \	WHERE DID (II	in Boltimore City, g	ive exoct lo	ocation)
Di l	JTING CAU	SE OF DEATH.	etc.)	, form, foctory, street,	onice bidg. INJUK	r occok:			
Ž,	21D TIME	(Month) (Doy) (Yeor) (Hour) 2	1E. INJURY OCCURRED	21F H	OW DID INJUI	PY OCCUP?		
(OF INJURY	(Wolling (Doy)			WHILE	011 515 11101	., 0000		
			m. V		VORK				
	22. I cer	rify that I held on	Inquiry 🗌	Inspection X Au	ntopsy an	d that an this	basis, death in	my opinio	n
	resul	ted from: Natural	couses X A	ccident Suicio	de Homici	ide U	ndetermined monn	er	
			7	1	CHIEF M	EDICAL EXA	MINER XX		
	ACTUA	10	W. as						DATE SIGNED
	SIGNAT		1000	м. С	ASSISTANT M				
	EXAMIN NAME (_ \	11 C D4	ah an W.D	ASSOCIATE N	MEDICAL EX	AMINER	A	- 05 1067
23A.	BURIAL CRE			C. NAME of CEMETERY	OL CREMATORY	23 D. LO	CATION (City	Augus	t 25, 1967
	OVAL (Specif		20	The state of the s			, , ,		
	Buri	al 8-2	8-67	New Cathe	dral Cem	B:	altimore.	Mary	dand
24A.	DATE KEC'D	BY HEALTH DEPT.	248, NAME	OF REGISTRAR	24C. FUNER	AL DIRECTOR		1	DDRESS
		AUC 98 10	067 0-0	e C. Talle		NAME O	CON 9900	Unne	Ford Dd
140	P1 DE14 1/2/	AUGRO	367 Rila	to cr detroit	-OICE	VANS &	SON 8802	narı	ora ka.

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6	OB C	BALTIMORE CITY	HEALTH DEPARTMENT	0500
BIR	TH NO.	208 CERTIFICA	TE OF DEATH Registered No.	. 67 8208
M.I	E CASE NO.	CERTITION		
	PE OF DECEASED	Un = 11	2. DATE AND HOUR OF DEATH	0221
2	Marlin Henry	Haas	8-23-67	720. M
3.	PLACE OF DEATH IN BALTIMORY MARYLAND		4. USUAL RESIDENCE (Where deceased lived, If A. STATE 8. COUNTY	institution; residence before admission)
	FULL NAME OF (If not in hospital or institu	tion give street	md.	
	HOSPITAL OR oddress or location)	and the same of	C. CITY OR TOWN (If outside city limits, write	RURAL on give township)
	1115 & Vail	lt.	Baltimin	6 26
1	1115 S. Vail	SC.	D. STREET ADDRESS (If rural, give location)	64
	00		1115 S. Vail x	to.
S. 5	SEX 6. RACE 7. MA	RRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
	11 (1) WID	OWED, DIVORCED (specify)	17-1901 3 lost birthdoy)	Months Doys Hours Min.
_		larried	2-11-1120 44	
	USUAL OCCUPATION (Give kind of work 10 B, KIP of during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
1	weller Indomen Fo	the wing	ma	
13.	FATHER'S NAME	Tumber Co.	14. MOTHER'S MAIDEN NAME	
	1		1	- (1)
	renrad		Matilda Craig	
is.	Was Deceased Ever in U. S. Armed Forces? s,no or unknown)(If yes, give wor or dates of ser	1 6. SOCIAL vice) SECURITY NO.	17. INFORMANT	ADDRESS
	Year 1-38-43 7:11.	-11/214-18-7102	Was other Haas	same
-	18. 0// / /	CAUSE O	E DEATH	INTERVAL BETWEEN
	27/1	CAUSE	O A	ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Colman otcluse	
	(This does not mean the mode of dying,	e.q., DUE TO	Colored occount	7
	heart failure, osthenio, etc. It meons the dis			3 41 4
	injury or complication which coused deoth.)	A	-S-C-W- DISEASE	
	ANTECEDENT CAUSES	DUE TO		
	DISEASES OR CONDITIONS, if any,		Of Action	Jun
	rise to the above couse (A) stating UNDERLYING CONDITION last.	the (C)	vue comme no me	12
	ONDERLYING CONDITION last.	\		
z	11		1	
2	OTHER SIGNIFICANT CONDITIONS CONTRIB		be sity -	
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	0	-		
U	OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of	ngor obout 21 C. WHERE DID (If in Boltimo	re City, give exact location)
CA	DEATH (notify medical examiner)	etc.)		
	21D. TIME (Month) (Doy) (Year) (Hourt	21E INJURY OCCURRED	2TF. HOW DID INJURY OCCUR?	
×	(APPROX)	While At Not Whil	e	
		Work At Work	10 4	2 2-1-
	22. 1 certify that (1) (this hospital) atten	ded the degeased fram	1760 19 10 (ly -1. 23 1967.
	that (1) (we) tost saw the deceased alive	1 1 1 1 1 1 1 1 1 1 1		inton death occurred on the date
18	and haur and fram the causes stated abo	(1) (Wa) (A) (414 - 1)		,
	23 M. SIGNATURE	ve. (i) (we) (ara) (ala nat) V	riew the bady after death.	loss DAY Schus
	The same	M.D. Atte	ending Med. Stoff	23B. DATE SIGNED
	1/Span	Phy		11/61.
	23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	1 21,222
	17. 15 DAY1:	M.D.	6800 MARNINGTONK	& Dual Sour 14
244	A. BURIAL CREMATION, 248. DATE	4C. NAME of CEMETERY of CRI	EMATORY , 24D. LOCATION (C	The lower of country
	REMOVAL (Specify)	el 1	Jan The Mad	City, town, or county) (State)
7	Jurial 8-26-67	Stardens of 3	much Ila.	
25 4	A. DATE REC'DEN HEALTH DEPT. 258. NA	ME OF REGISTRAS	25C. FUNERAL DIRECTOR	3218 Leals
	MOG NO 1301 (1666	J. J. Janketting	The mail Athnew	, 3218 Hugh
VS	150-REV. 1/1/65		a representation of	A.C.



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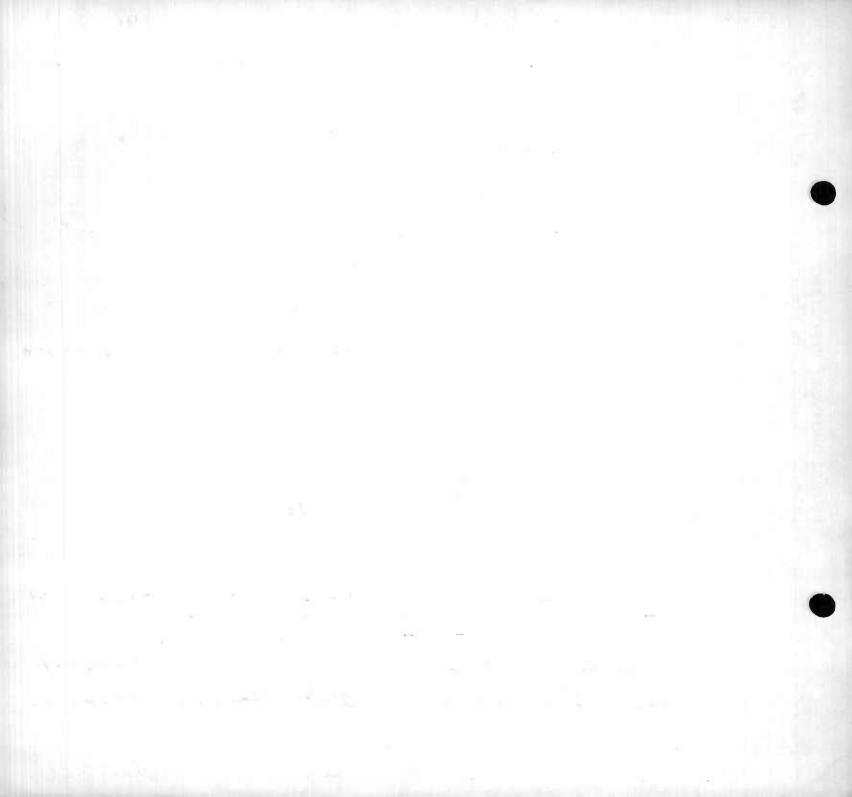
MRTH NO. M.E. CASE NO.	8210 CERTIFICA	ATE OF DEATH	Registered No.	67 8210
M.E. CASE NO.				
NAME OF DECEASED		2. DATE	AND HOUR OF DEATH	
Type or Print) CLARENCE	SILLS		8-23-57	10.35 P
B. PLACE OF DEATH IN BALTIMORE MARYLAN				nstitution: residence before admi:
THE OF DEATH IN PARTITIONS MAKEN		A. STATE B. CO	UNTY	nsmonon: residence beidre domi:
FULL NAME OF (If not in hospital or inst	itution, give street	MARYLAND		
HOSPITAL OR oddress or location)	india, give under		outside city limits, write-	RURAL and give township!
INSTITUTION		BALTIMORE		1-03
THE JOHNS HOPKIN	IS HOSPITAL		(If rural, give location)	
33			ADFORD STR	FET
		JIZ N. DI	ADI OND STR	L. C. 1
	ARRIED, NEVER MARRIED DOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years last birthdoy)	Months Days Hours N
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OA. USUAL OCCUPATION (Give kind of work 108, K			areign country)	12, CITIZEN OF
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lest conform	el	Vischer		WAN.
3. FATHERS MAME		14. MOTHERS MAIDEN N	IAME	1
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unham		lenkno	w	
5. Was Deceased Ever in U. S. Armed Farces? Yes, no ar unknown! (If yes, give way or dates of s	1 6. SOCIAL	12 INFORMANT	Am	ADDRESS
yes, give way or odies of s	ervice) SECURITY NO.	Ma. R.1.	Da.	h 20
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heort failure, asthenia, etc. It means the d				
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	DUE TO			
DISEASES OR CONDITIONS, if ony,		TBC or card	inomatosis	77
rise to the obove cause (A) statin	g the (C)	IDC of care	THORN COSTO	
3	INITING			
OTHER SIGNIFICANT CONDITIONS CONTR	IBUTING TO THE			
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3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission and the series of the series	BIRTH NO. 67 8211	BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH	Registered Na.	67	8211
TULL NAME OF (If not in hospided or institution, give sheet of (If not in hospided or institution, give sheet of (If not in hospided or institution, give sheet of (If not in hospided or institution, give sheet of (If not in hospided or institution, give sheet of (If not in hospided or institution, give sheet of (If not in hospided or institution, give sheet of (If not in hospided or institution, give sheet of (If not in hospided or institution, give sheet of (If not in hospided or institution) THE JOHNS HOPKINS HOSPITAL 5. SEX	1. NAME OF DECEASED	2. DATE			10.32
5. SEK G. BACE 7. MARRIED, NEVER MARRIED 1. DATE OF BIRTH 7. AGE (in years 10. Indeed) 1. DATE OF BIRTH 1. DATE O	FULL NAME OF (If not in hospital or institution, give str HOSPITAL OR address or location)	A. STATE B. CO MARYLAND C. CITY OR TOWN (IF	outside city limits, write		nce belore odmissio
MALE NEGRO MONMER LED 10.4 USUAL OCCUPATION [Give kind of work] 10.5, KIND OF BUSINESS OR INDUSTRY 11.5 BIRTHFLACE (Stole or foreign country) 12. FATHER'S NAME 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WORLD BLEASAND RETHING U.S. Armed Foreign 15. WORLD BLEASAND RETHING U.S. Armed Foreign 16. SOCIAL 17. INFORMANT 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH 18. DISEASE OR CONDITION ORBECTLY LEADING TO DEATH 18. DISEASES OR CONDITION IS a solding like under the disease, injury or camplication which caused death.) ANTECEDENT CAUSE OF DEATH OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DIE TO DIE TO DIE TO DIE TO CONDITION ISL. 19. DATE OF OPERATION 19. DATE OF OPERATION	33THE JOHNS HOPKINS HOSPIT	D. STREET ADDRESS	(If rural give location)	REET :	21231
13. FATHER'S NAME	MALE NEGRO MARRIED	1-23-07	60	Months Doys	Hours Min.
13. Wos Decosed Ever in U. S. Amed Forces? 16. SOCIAL 17. INFORMANT 18. 18. 19	done during most of working life, even if retired)	Bullon	rel	12. CITIZEN C	OUNTRY?
This does not mean the mode of dying, e.g., heart failure, ashenia, etc. II means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating like UNDERTING CONDITION to all. THE SIGNIFICANT CONDITION S. ONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A.DATE OF OPERATION 19B.CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 21A. ACCIDENT WAS UNDERLYING DR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH O	unknow	BERTHA THO		, and DE	DECC
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Injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stating the UNDERLYING CONDITION Interest of the control of the Disease or condition causing it. II OTHER SIGNIFICANT CONDITION CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT. DISEASE OR CONDITION CAUSING IT. II OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED II OTHER SIGNIFICANT CONDITION CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT. II OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED II OTHER SIGNIFICANT CONDITION SONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT. II OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED II OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED II OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED II OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED II OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED II OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED II OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED II OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED II OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED II OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED II OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED II OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED II OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED II OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED II OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED II OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED II OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED II OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED II OTHER SIGNIFICANT OF WAS PERFORMED II OTHER SIGN	LEADING TO DEATH (This does not mean the made of dying, e.g.,		or Lune	ONS!	T AND DEATH
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OR CONTRIBUTING CAUSE OF DEATH Inolify medical examiner) PEATH Inolify medical examiner) 21D. TIME IManth) (Day) (Year) (Hour) 21E INJURY OCCURRED While At Work Not While At Work 22. I certify that (I) (this hospital) attended the deceased fram 8 - 26 19 67 to 9 - 26 19 67 that (I) (w) last saw the deceased alive an 8 - 26 19 67 and that in (my) (w) apinion death occurred an the d and haur and fram the causes stated abave. (I) (W) (did) (did ot) view the bady after death. 23A. SIGNATURE M.D. Attending Phys. Med. Staff Phys. Phys.		nru =			
OR CONTRIBUTING CAUSE OF DEATH Inotify medical examiner) Nome, form, loctory, street, allice bldgs, INJURY OCCUR? Local Death Inotify medical examiner) Not White At Work 19	198. CONDITION FOR WHICH	IVO			
OF INJURY (APPROX.) While At Work Not While At At Work 22. I certify that (I) (this hospital) attended the deceased from 8-26 19 67 to 8-26 19 67 that (I) (this lospital) attended the deceased from 8-26 19 67 to 8-26 19 67 and that in (my) (this applied) applied to a state of the deceased alive an 19 67 and that in (my) (this applied) applied to a state of the deceased alive and hour and from the causes stated abave. (I) (this) (did) (did tot) view the body after death. 23A. SIGNATURE M.D. Attending Med. Director Phys. B -26 -67	OR CONTRIBUTING CAUSE OF home, form etc.)		(II in Boltimore	City, give exo	ct locotion)
that (I) (me) last saw the deceased alive an	Y (APPROX)	Not While	NIURY OCCUR?		
23A. SIGNATURE Major W. Brollow M.D. Attending Med. Director Phys. B -26-67	that (I) (***) last saw the deceased alive an	3 - 2 6 19 67 and	that in (my) (w) apir		
	Major W. Brakley	M.D. Attending Med. Phys. Director	Stoff		
	AUG 28 1967 258. NAME OF REG	STRAR 25C TUNERAL DIRECT	Dela 100	Prant	Ly M-



8212 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 8212 M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD (Type or Print) J IMMY CHEESE August 27, 1967 | 4:00 A. M.
4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission)
8. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD A. STATE Maryland (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET FULL NAME OF C. CITY OR TOWN (If autside carparate limits, wire RURAL gad give lownship) HOSPITAL OR AODRESS OR LOCATION Baltimore Johns Hopkins Hospital (DOA) D. STREET ADDRESS (If rural, give location) 2025 Mura Street 9. AGE (In years 8 If Under 1 Yr. If Under 24 Hrs. Manths Days Hours Min. 5, SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDO WED, DIVORCED (pocify) Male Negro 10A. USUAL OCCUPATION (Give kind of wor 2. CITIZEN OF WHAT COUNTRY? A DORESS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 6. SO CIAL (Yes, no or unknown), (If yes, give way py dotes of service) SECURITY NO. INTERVAL BETWEEN

CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Hemopericardium (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. If means the disease, injury or complication which caused death.) stab wound of chest involving the heart.

ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO

F 11 WG-01 2-4 25 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FINDINGS CONSIDERED

CERTIFI WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? Yes 21 A. EXTERNAL CAUSE WAS 218, PLACE OF INJURY (e.g., in or about 21C, WHERE DID (If in Boltimore City, give exact location) hame, farm, factory, street, affice bldg., INJURY OCCUR? UTING CAUSE OF DEATH.

Street Rear of 1236 E. North Avenue 21 D TIME (Month) (Doy) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (Year) (Hour) OF INJURY 3:30 A. WHILE AT NOT WHILE X (APPROX.) 8/27/67 Subj. stabbed with knife

I certify that I held on Inquiry Inspection Autopsy X and that on this bosis, death in my apinion rosulted fram: Natural causes Accident Suicide Homicide X Undetermined monner CHIEF MEDICAL EXAMINER

ACTUAL M.D. ASSISTANT MEDICAL EXAMINER X SIGNATURE.

EXAMINER'S ASSOCIATE MEDICAL EXAMINER Werner U. Spitz M.D. NAME (Type)

23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, town, or county) (State)

Bural 24B. NAME OF REGISTRAR 24A, DATE REC'U BY HEALTH DEPT. 4C. FUNERAL DIRECTOR

VS 151-REV. 1/1/65

23B. DATE

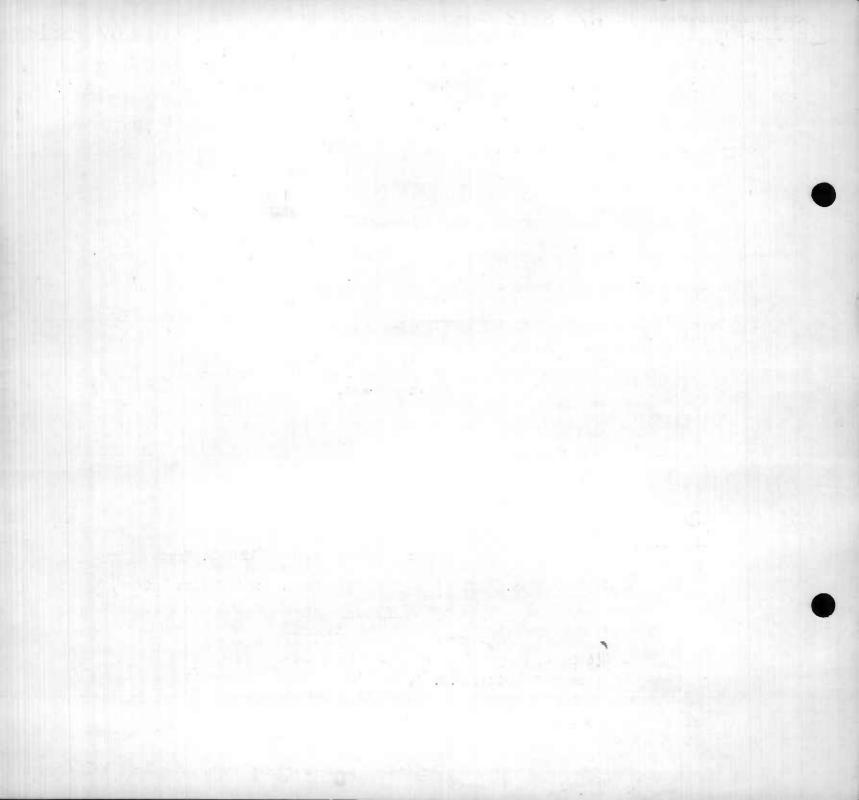
23A, BURIAL CREMATION.

REMOVAL (Specify)

Yes

DATE SIGNED

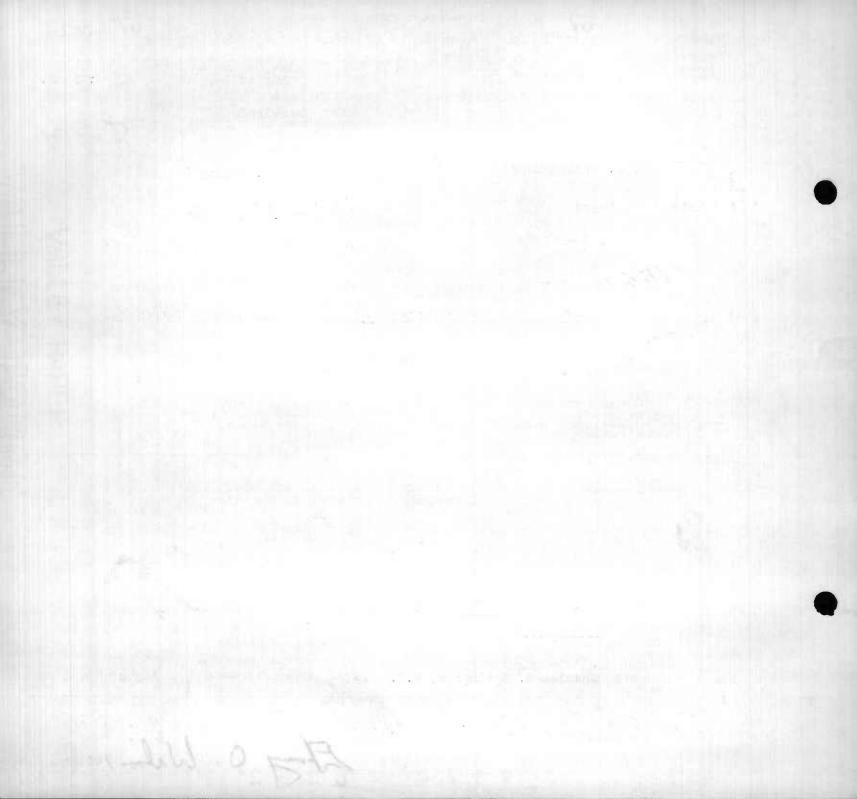
8/27/67



VS 151-REV. 1/1/65

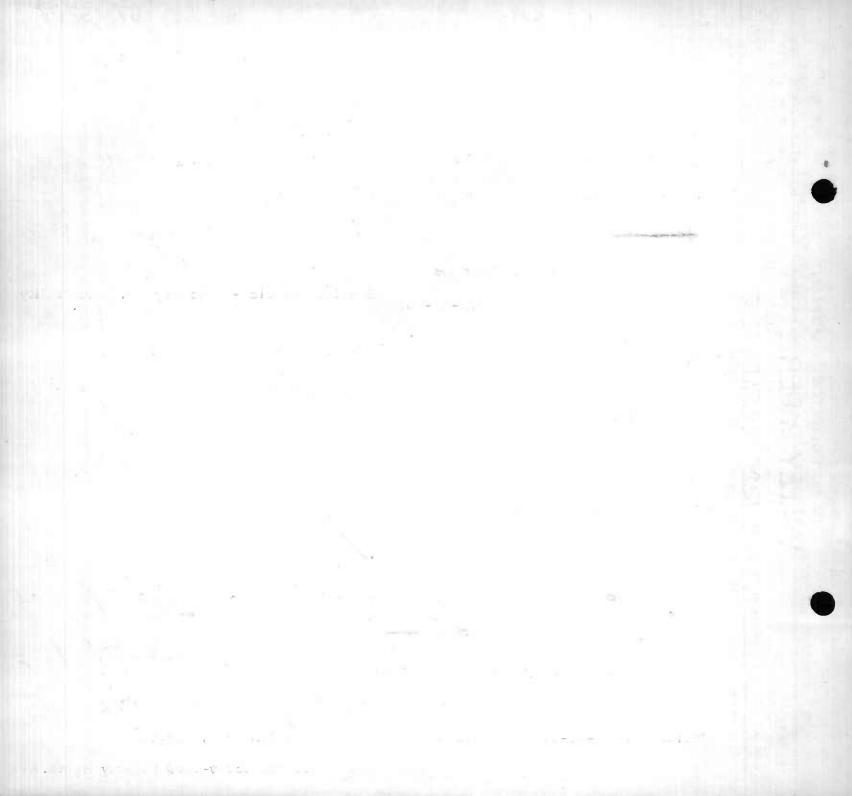
67 8213 BALTIMORE CITY HEALTH DEPARTMENT APPLICATE OF DEATH Registered No. 8213

BIRTH NO. MEDICAL EXAMINER 3 C	LEKTIFICATE OF DEATH Registered Na.
M.E. CASE NO.	
1. NAME OF DECEASED (Type or Print) LOUIS HAWKINS	2. DATE AND HOUR PRONOUNCED DEAD August 24, 1967 8:25 A.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
INSTITUTION	Baltimore D. STREET ADDRESS (If rurol, give locotion)
227 N. Spring Court	227 N. Spring Court
Male Negro 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)	B. DATE OF BIRTH 9. AGE (In yeors lift Under 1 Yr. If Under 24 Hrs. Months, Doys Hours, Min.
10A, USUAL OCCUPATION (Sine kind of work 10B, KIND OF BUSINESS OR INDUSTRE done during most of working life evan if elired) 13. FATHER'S NAME	11. PRTHPLACE (Stole or forbigh country) 1 Out department of the property of
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL	Maneda Address
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	Bather Haynes need
DISEASE OR CONDITION DIRECTLY	eriosclerotic heart disease
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
	NO 120A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
UTING CAUSE OF DEATH.	, in or obout 21C. WHERE DID (If in Baltimore City, give exact location) office bldg., INJURY OCCUR?
21D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED WHILE AT WORK NOT AT V	WHILE WORK
	utapsy and that an this basis, deoth in my apinion
ACTUAL ACTUAL Suici	CHIEF MEDICAL EXAMINER
SIGNATURE (Marles S. Springate, M.D. NAME (Type)	ASSISTANT MEDICAL EXAMINER August 24, 1967
23A. BURIAL CREMATION, 23B. DATE 23C. NAME OF CEMETERY REMOVAL (Specify) 8-36-67 Met Cal	han Cat Brooken Mel
AUG 28 1967 R. S. E. Falleum	AC. FUNERAL DIRECTOR O. Wilson 1606 Branto

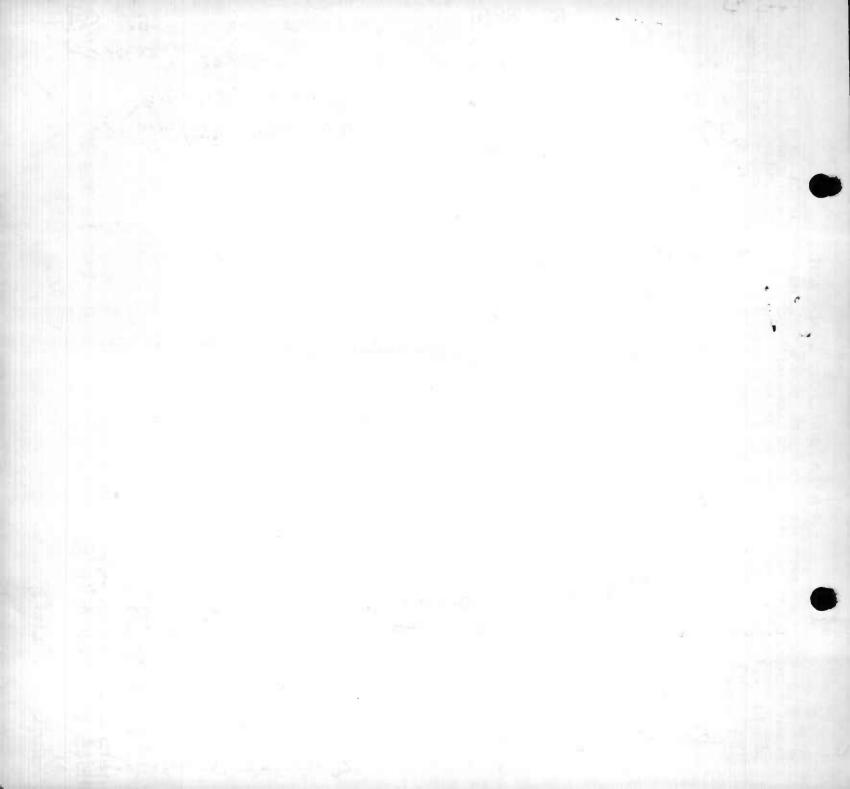


67 8214	ATE OF DEATH Registered No.	67 8214
M.E. CASE NO. I, NAME OF DECEASED	ATE OF DEATH Registered No.	VI, UVIII
Type or Print) JUSIE EPPER 5	ON \$127/6	7 627 A.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If in A. STATE B. COUNTY	stitution: residence before admission
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, write F	RURAL ond give township)
00 - 00	D. STREET ADDRESS (If rurol, give location)	
2647 Rayner are	2647 BANNER A	VE
F. 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost bighdow)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
0A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUST one during most of working life, even if refired) HOUSE WILLE	RY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
3. FATHERS NAME	14. MOTHER'S MAIDEN NAME	
5. Was Deceased Ever in U. S. Armed Farces? Tes, no or ynknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	EHA CAUTION 2647	Rayner gr
18. / 7 / X CAUSE		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	save at of cery	171111
(This does not mean the mode of dying, e.g., DUE TO		79/20
heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)		
ANTECEDENT CAUSES (B)		
DISEASES OR CONDITIONS, if ony, giving		
rise to the obave cause (A) stating the (C)		• • • • • • • • • • • • • • • • • • •
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE I	FINDINGS CONSIDERED
19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (6.6	IN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?
	office bldg., INJURY OCCUR?	City, give exoct locotion)
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED While At Not W	21F. HOW DID INJURY OCCUR?	B / 612
Work Al W	10 6	107
22. I certify that (I) (this hospital) attended the deceased from	000	42/0/
that (I) (we) lost saw the deceased alive on	7 / - / /	nion death occurred on the de
ond hour ond from the causes tated grove. (I) (We) (dd) (did not) view the body latter death. (Ling 2)	23E DATE SIGNED
MANADAA M.D.	Attending Med. Director Phys.	
23C. PHYSICIANS A NAMERTY OF	23D. ADDRESS	12 Pallo
Will along Soluspy	· 403 Menlers	199 mi
REMOVAL (Specify)	TING BROOKNEA	ly, flown, or founty) (State)
A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
AUG 28 1967 Robert E. Fartherma	Joseph An Localsch. 130	47. Centralas
/S 150-REV. 1/1/65		

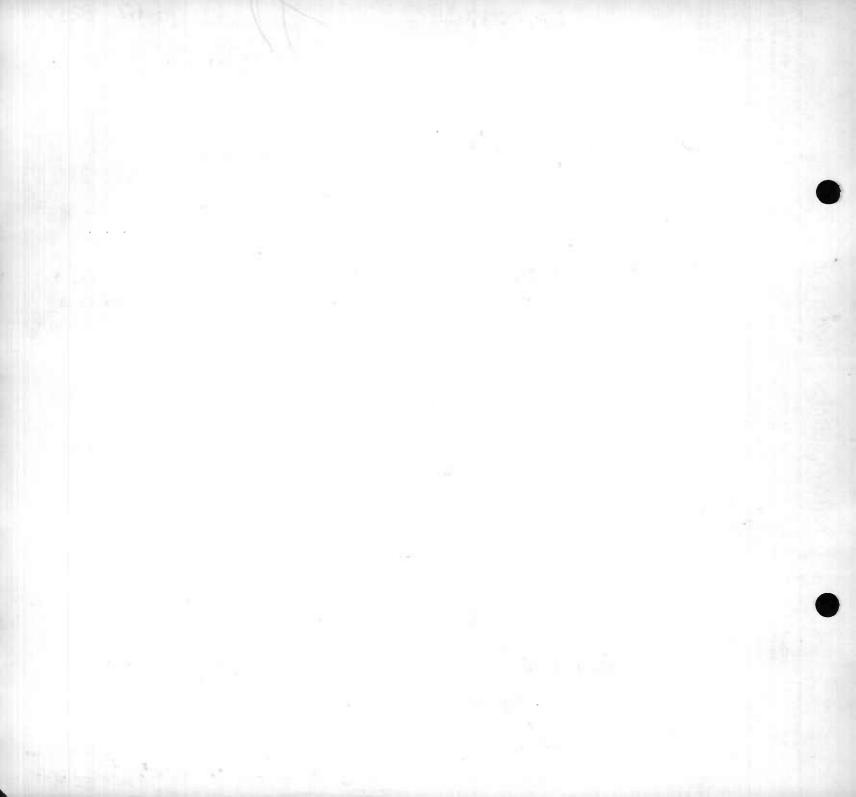
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7	-2 D		ORE CITY HEALTH DEPARTMENT		
P	sed the uch	1110 0736 1101	IFICATE OF DEATH Registered No.	67. 8216	
up -	Deceased on the	1. NAME OF DECEASED (Type or Print) CHARLES SACKSON 2. DATE AND HOUR OF DEATH 8-24-67 4 50 PM.			
pito	De De	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If it	·	
hos	se; (5)	FULL NAME OF (If not in hospital or institution, give street oddress or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, write	RURAL ond give township)	
.E ;	atter ior t	MIERCY Hospital	D. STREET ADDRESS (If rurol, give location)	D. STREET ADDRESS (If rurol, give location)	
pe.	de d	BALTIMORE MARY LAND		427 OXFORD COURT	
	egul regul sased is ma	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED NEVER MARRIED	pecify) 2-8-05- lost birthdoy)	If Under 1 Yi. If Under 24 Hrs. Months Doys Hours Min.	
eath	ndete s in dece	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR I done during most of working lile, even if retired)	MARY LAND	12. CITIZEN OF WHAT COUNTRY?	
P +	wa wa rhe pos	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
Z	th (c)	WILLIAM JACKSON . 2 15. Was Decessed Ever in U. S. Armed Forces?	SUSIAN ODEN	ADDRESS	
RTA Ssista	ssiste the rkind dea ince final	UNKNOWN SECURITY NO UNKNOWN SECURITY NO UNKNOWN	10.	ADDRESS	
APO his a	Also, if Jre of any onounced attenda	DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH	ONSET AND DEATH	
		(This does not meon the made of dying, e.g., DUE TO CIER HOSE SECONDARY heal follule, ashenio, etc. It means the disease.			
OR	property property pular	ANTECEDENT CAUSES			
ECT	who	DISEASES OR CONDITIONS, if any, giving TATROYDIG	PECARATION OF SMALL		
OIR ole	ian s in ins c		PARACENTESIS.	4	
RAL E	physic an wa	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Chronic Alcoholish.			
chief	Body the ysici	19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? TYCS OF NO. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C, WHERE DID. 11f in Boltimore City, give exact location)			
F + the	here to ph befor	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY le.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? DEATH Inobity in the old examiner) 21B. PLACE OF INJURY le.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?			
d by	ture 6) N	21D. TIME (Month) (Doy) IYeor) IHour) 21E. INJURY OCCU	RRED 21F. HOW DID INJURY OCCUR?		
- ove	cep de de fain	Work Wine	Not While At Work		
ppr	(ex (ex); ar	22. I certify that \$\mathbb{G}\$ (this haspital) attended the deceased fithat \$\mathbb{G}\$ (we) last saw the deceased alive an august	2 4 19 67 and that in (aur) and	nion death accurred on the date	
000	dent of ospital death) nust b	and haur and fram the causes stated abave. 29 (We) (did)	(a) view the bady after death.		
must	0	23A SIGNATURE	SURGILAT RESIDENT	C-24-67	
0 1	0 + 7 0	ZSC. PHYSICIAN'S NAME (Type)	M.D. Attending Med. Stoff Phys. 23D. ADDRESS	8-07-01	
cat	An a prior	JAMES F. STOODARD NO	M.D. MERCY HOSPITAL		
certificat	0 0 0 E	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETE REMOVAL (Specify)		ity, town, or county) [Stote]	
This cer	shows: was D. deceas	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	250. FUNGRAL DIRECTOR	ADDRESS	
44	sh we w	AUG 28 1967 12 16 2 , Acc	WHILL Staventl B. Oden	- Balto mo	
		VS 150-REV. 1/1/65 V 9 9 9 0			



		or	BALTIMORE CITY	HEALTH DEPARTMENT		2947 8217		
	H NO.	6	8217 CERTIFICA	TE OF DEATH	Registered No.	29471 0611		
	AME OF DECE	ASED		2. DATE	AND HOUR OF DEATH			
	e or Printl	lice Kane			ust 25, 196			
. P		H IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (W	here deceased fived. If	institution: residence before admission		
		Mr		A. STATE B. COUNTY Maryland				
ŀ	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) NSTITUTION					RURAL and give township)		
18	NSITION	rovident H	ospital, Inc.	Baltimore		13-101		
1	39 1	514 Divisi	on Street	D. STREET ADDRESS	(If rural, give location)	1		
			Maryland 21217	901 Chaunce	ey Avenue			
. S		RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hr Months: Days Hours Min.		
F	emale	Negro	WIDOWED, DIVOKCED (specify)	3-12-10	57			
		ATION (Give kind of wor	108. KIND OF BUSINESS OR INDUSTRY		reign country)	12. CITIZEN OF WHAT COUNTRY?		
'n	during most of we	orking life, even if retired)	Unemployed	North Caroli	ina	U.S.A.		
	FATHER'S NAM		onemployed	14. MOTHER'S MAIDEN N		O.D.A.		
	The	6 08		011	7			
	1/ ale	R DEW	and I have	Uddell.		ADDRESS		
es	no or unknown)	ver in U. S. Armed Fo If yes, give war ar date	es of service) 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
				Mrs. Mary Ro	odgers 1300	Kitmore Road		
	18. 4 3	4.11	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH		
		OR CONDITION DI	RECTLY		10 -	ONSET AND DEATH		
		EADING TO DEATH	(A) CB	ugertine Failur	Helall			
		t meon the mode at sthenia, etc. It meons	dying, e.g., DUE TO	Failure				
	injury or comp	licotian which caused	d death.)	, colonie				
	AI	NTECEDENT CAUSES	(B)					
		CONDITIONS, if						
		obave couse (A)	stoting the (C)					
2	OTHER SIGNIFI	CANT CONDITIONS	CONTRIBUTING					
A	TO THE DE	ATH BUT NOT RELA	ATED TO THE					
RTIFIC	19A. DATE OF	OPERATION 198. CON	NDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or	No. 208. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?		
K	0	WAS PER	RFORMED		IN CERTIFYING C.	AUSES OF DEATH?		
Ü	21 A. A CCIDENT	WAS UNDERLYING		or about 21 C. WHERE DID	(It in Boltimo	ore City, give exact location)		
	DEATH (notify r	nedical examiner	home, form, factory, street, of etc.)	nice biog., INJURI OCCUR!				
FUIC	21 D. TIME ((Month) (Day) (Year)	(Hour) 21E INJURY OCCURRED	21 F. HOW DID II	NJURY OCCUR?			
Š	OF INJURY		While At Not While					
	(AFFROA)		Work At Work					
			l) attended the deceased from AUS			gust 25 19 67		
	that (I) (we) I	ast saw the decease	ed olive on August 25	19 <u>67</u> and	that in (my) (our) of	pinian death accurred an the do		
	and hour and	from the causes sto	eted obave. (I) (We) (did) (did not) v	iew the body after death	h.			
	23A. SIGNATUR					23 B. DATE SIGNED		
	(Kleug	On M.D. Atte	mding Med. Director	Stoff Phys.	8-25-67		
	23C. PHYSICIAN	1		23D. ADDRESS	, пу з. 🗀			
	23C. PHYSICIAN NAME (Typ				~ .			
		Gregario S		1514 Divisio		21217		
4 A	REMOVAL (Sp	ATION, 24B. DATE	24C. NAME OF CEMETERY OF CRE	MATORY 24D.	LOCATION	City, town, or county) (Stote)		
	73114	101 (111031	0/67 Charlies 1	Yam Tack	Tr future	Tild,		
25A	DATE REC'D	THEALTH DEPT	258. NAME OF REGISTRAR	25C. FUNERAL DIRECT	OR	ADDRESS		
		AUG 28 1967	Reports En Janker HA	1 /du 6 . 5	17 Continu	12911 Cul C		
15	150-REV. 1/1/65	5		1 0 1	9	1 111 wohish of		



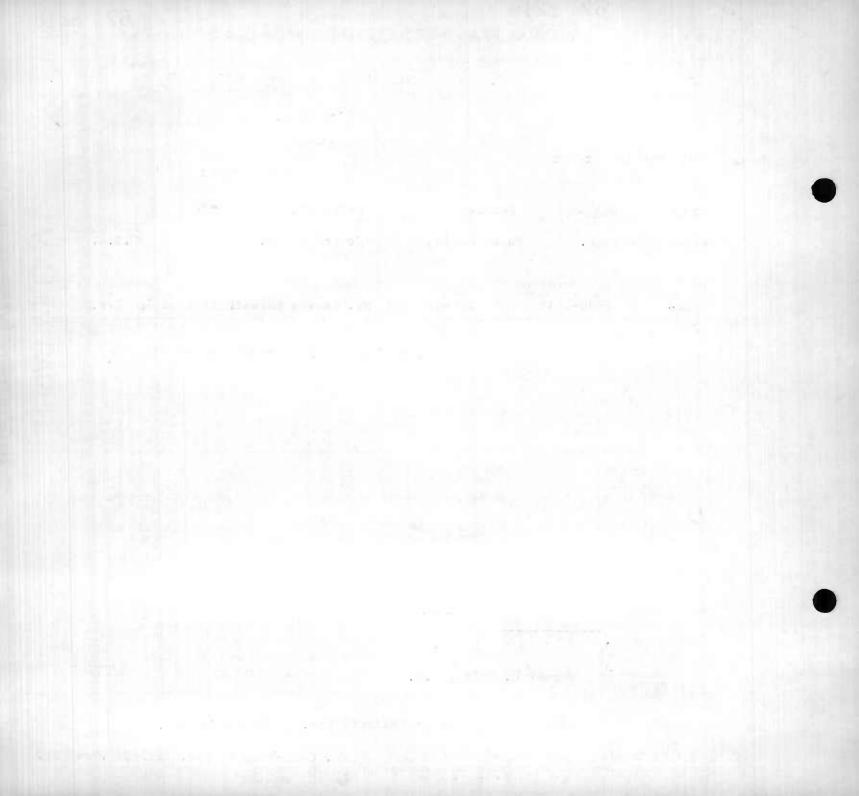
1		67 8	218 B	ALTIMORE CITY HEA	LTH DEPARTMEN	т			
1-520	BIRTH NO.	MED	ICAL EX	AMINER'S	ERTIFICAT	E OF D	EATH Regist	ered No	8218
	M.E. CASE NO.								
	1. NAME OF DEC	1					HOUR PRONOUNCE		F /0 P
A. Carlotte	FRANK	(7Lemin		THOMAS	The include prompt		ist 26, 19		5:40 P. M.
	S. PLACE IN BAL	TIMORE, MARYLAND, W	THERE PRONOU	NCED DEAD	A, STATE		8. CO	UNTY	ence before admission)
	FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	TION, GIVE STREET	C. CITY OR TOW		corporate limits, writ	RURAL on	d give to waship)
	INSTITUTION	ADDRESS ON SOC.				timore	/	/ -	-07
	2800 F	ressman Stre	et		D. STREET ADDR		ive location)	6	
	0				2800 Pre	ssman St	reet		
	5. SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years		1 Yr. If Under 24 Hrs.
	Male	Negro	SI/	IVORCED(specify)	7-9-192	.9	lost birthdoy)	Monms	Doys Hours Min.
		UPATION (Give kind of wor	k 108 KIND OF	BUSINESS OR INDUSTR	Y11. BIRTHPLACE	State or foreign	country)	12. CITIZE	N OF
	done during most of	working life, even if retired)			100	adres	4. Va,	WHAI	T COUNTRY?
1991 / 19	13. FATHER'S NAM	AE .			14. MOTHER'S MA	AIDEN NAME	-		
	Lutto	2 Harris			Evel	Thas	nac		
		D EVER IN U.S. ARMEL		16. SO CIAL SECURITY NO.	17. INFORMANT	01		ADDRESS	
	No	, , cs, give were, co	03 01 30111001		Tova J	Thomas	01014)	1.19	waluray
	18.	2111		CAUS	E OF DEATH				INTERVAL BETWEEN
	DISEA	SE OR CONDITION D	IDECTI V						ONSET AND DEATH
		LEADING TO DEATH	4	(A) Hangi	ng				
	(This does heart failure	not meon the mode of , osthenio, etc. It meon	dying, e.g., s the discose,	DUE TO		***************************************			••••••••
	rinjury or co	mplication which coused	deoin./						
		ANTECEDENT CAUSE		(B)					
	RISE TO TH	OR CONDITIONS, IF A	TATING THE	DUE TO					
		NG CONDITION LAST.		(C),	00 × 000 0 00 00 × 0 00 00 × 000 × × × × 00 0 × 0+		00.0.00000.00000000.0.0		00. c. 000000000. coccess coccess coccess
	NOIL	11							
	OTHER SIG	NIFICANT CONDITIONS DEATH BUT NOT RE							
	E DISEASE O	R CONDITION CAUSING	G IT.	*****************	***************************************				
	DISEASE OF	OPERATION 198. CON	NDITION FOR W RFORMED	HICH OPERATION			B. IF YES, WERE FI		
	21A EXTERNA	L CAUSE WAS	21 B. P	LACE OF INJURY (e.g.	in or obout 21C. W	HERE DID (If	in Boltimore City, a	rive exact lo	cotion)
		OR CONTRIB-	home,	form, foctory, street,					
	E 21D TIME	(Month) (Doy) (Yea	or) (Hour) 21	Home		OOO FIES	ssman Stree	= L	
1000	OF INJURY	8/26/67			WHILE X	Hung s			
	22.	0/20/07	UNIX m. W	ORK AT	VORK L	nang s	CII		
	l cer	tify that I held an	Inquiry .	Inspection X A	otopsy and	that on this	bosis, death in	my opinion	
	resul	ted from: Natural ca	ouses A	cident Suici	de X Hamicia	de Un	determined monn	ier 🗌	
		171	. (DICAL EXA			DATE SIGNED
	SIGNAT	11111	h-7	A/ M.I	ASSISTANT ME	EDICAL EXA	MINER X		
	EXAMIN		U. Soit	z. M.D.	ASSOCIATE MI	EDICAL EXA	MINER		8/27/67
	NAME (- уре/		NAME OF CEMETERY	or CREMATORY	23D. LO	CATION (City	y, town, or c	ounty) (Stote)
	REMOVAL (Specif	Yt a la	1.~	Sup 10 1	24.10	1			+ mil
	24A, DATE REC'D	BY HEALTH DEPT	24B. NAME C	DE DECISTRAD	ary cen	UDIRECTOR	illill	rede	DORESS
	240. DATE REC'D	AUG 28 1967		- 600	TONEKA	OF E	1.1	5.	250 0 0
		MUG NO 1301	Holier	2. Farburn	Hal	VI. Car	Meson	1127	11. Calitus.

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HI BURTH NO.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No

	CASE NO.	77122		AMINER 3 CI		(IL OI D	L / (111 - 3)	
1. I (Typ	JOHN	ASED	J.	HORVA		August	27, 1967	8:30 A.
		MORE MARYLAND,			4. USUAL RE A. STATE Mary	SIDENCE (Where de	eceased lived. If insti 8. COU	tution: residence before odmission
HO	L NAME OF SPITAL OR TITUTION	ADDRESS OR LOC	TAL OR INSTITU ATION)	TION, GIVE STREET		OWN (If outside	carparate limits, write	RURAL and give township)
	3014 Bar	lay Street			D. STREET AL	DDRESS (If rurol, g		
5. S		. RACE		NEVER MARRIED	B. DATE OF B		9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Manths, Doys, Haurs, Min.
don		rking life, even if retired	rk TOB. KIND OF	BUSINESS OR INDUSTRY Making	11. SIRTHPLAC		1	12. CITIZEN OF WHAT COUNTRY? U.S.A.
	ATHER'S NAME		2000	11000		MAIDEN NAME		
15. Yes	Yes	EVER IN U.S. ARME f yes, give wor or do 1930-193	les of service)	16. SOCIAL SECURITY NO. 216-07-6193	Mr. Ge		th 1331 Wa	ADDRESS
VIION	DISEASES O	t mean the mode of sisteming, etc. It mean sisteming, etc. It mean sisteming which coused it ECEDENT CAUS R CONDITIONS, IF ABOVE CAUSE (A) G CONDITION LAST	ES ANY, GIVING STATING THE	(B)				
CERTIFICATION	TO THE D		ELATED TO THE	VHICH OPERATION	20A. AUTO		DB. IF YES, WERE FIN	NDINGS CONSIDERED
¥	21A. EXTERNAL UNDERLYING CAUS UTING CAUS 21D TIME OF INJURY (APPROX.)	OR CONTRIB-	ar) (Hour) 21	form, foctory, street, o	21F.	WHERE DID (IF	in Baltimore City, giv	ve exoct location)
		R'S Wer	ouses X A	Inspection X Aut	opsy Hom CHIEF		MINER	
REA	Burial CREM NOVAL (Specify) Burial	ATION, 238 DATE 8/30 Y HEALTH DEPT.	/67	Baltimore Nat	ional Ce	IERAL DIRECTOR	timore, Md.	ADDRESS 217 St .Paul St.



ADDRESS

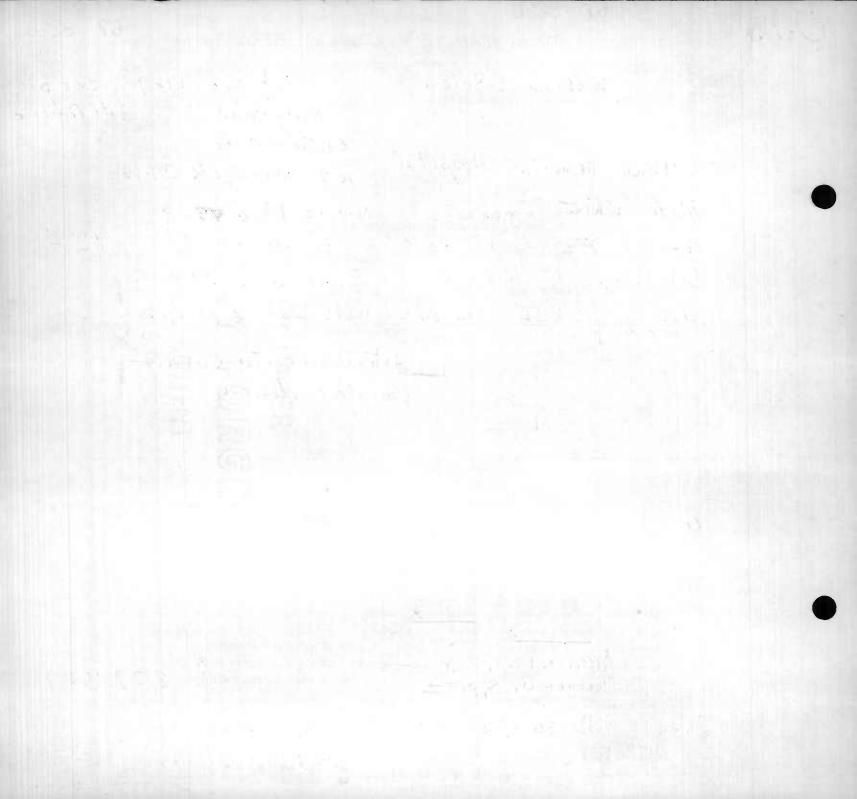
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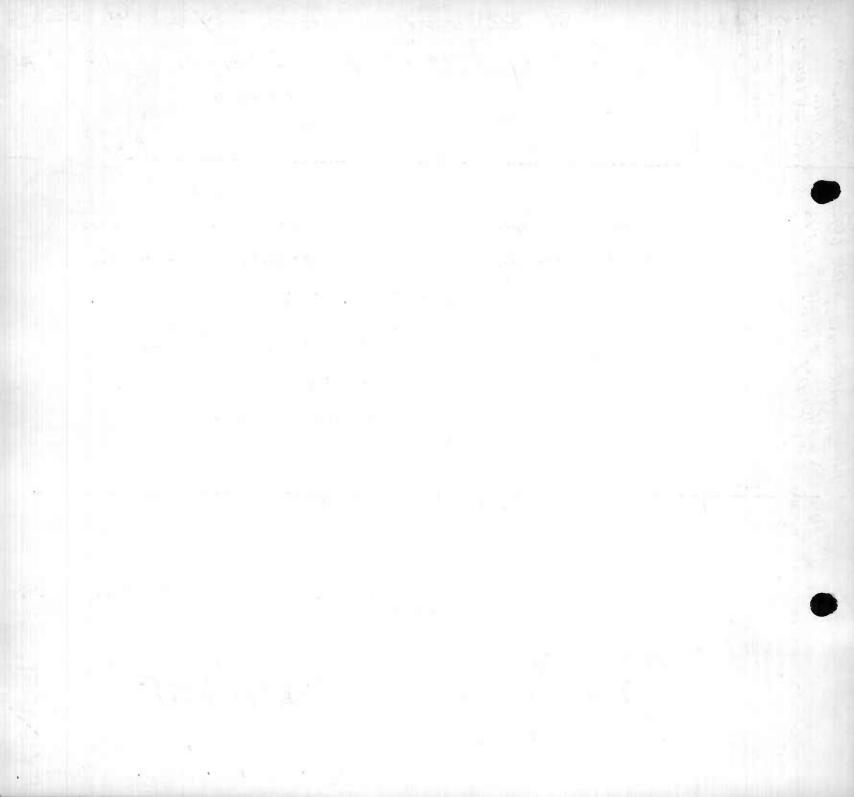
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VS 151-REV. 1/1/65

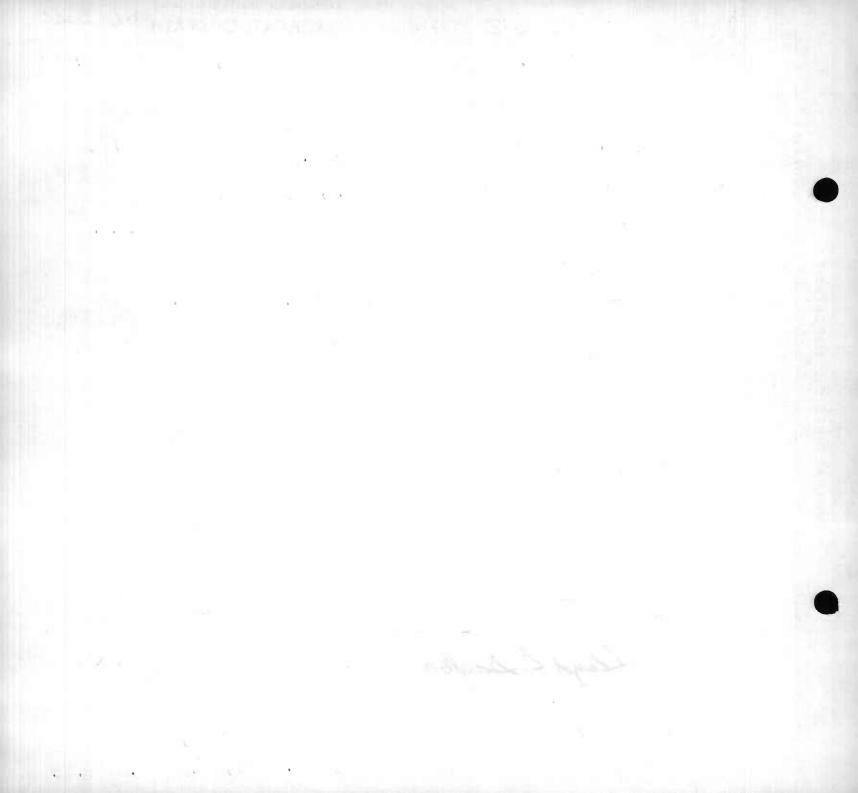
248, NAME OF REGISTRAR

24C. FUNERAL DIRECTOR

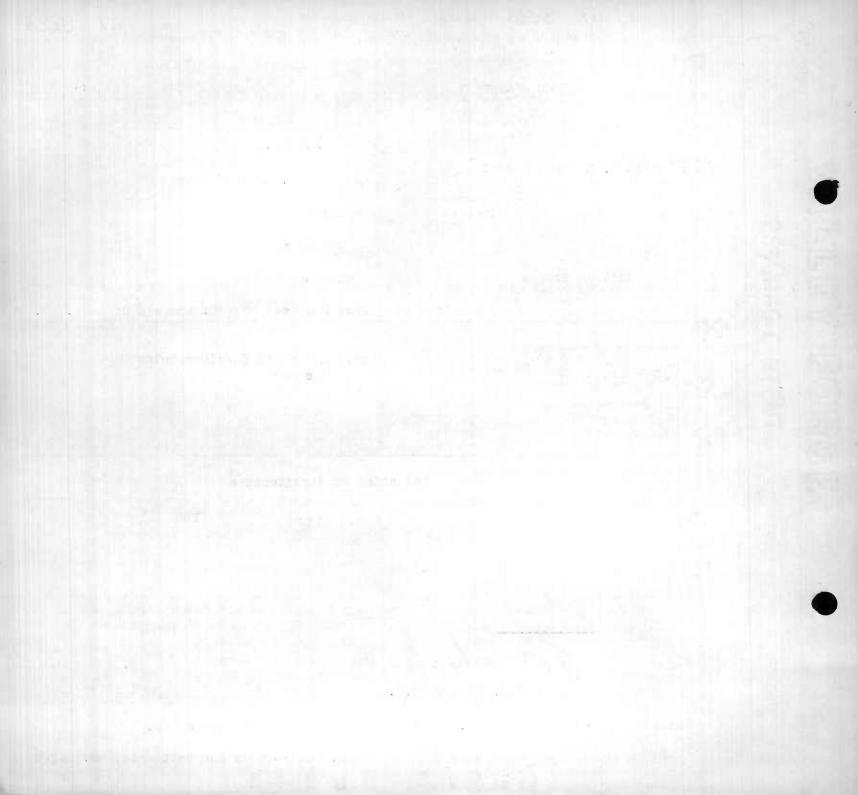




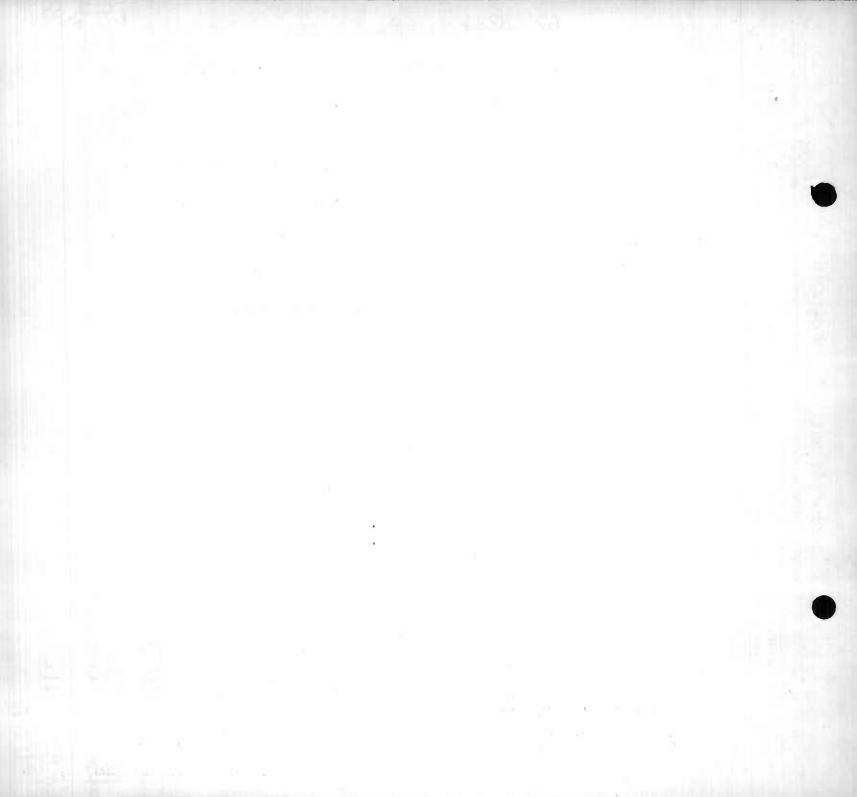
BRETH NO. M.E. CASE NO. LEASE NO. LEASE NO. LEAGUE OF DEATH ALICE V. Franck J. DATE AND HOUR OF DEATH ALICE V. Franck J. PLACE OF DEATH ALICE V. Franck J. J. L. STATE J. L. STATE J. COUNTER (Where decreased lived. If institution; residence before odmi. A. STATE J. L. C. L. CITY O'N (III cuttide city limits, write RURAL and give lowards) J. J. STATE J. J. STATE J. J. STATE J. J. STATE J. J. J. STATE J. J
ALICE V. Franck 3. PAACE OF DEATH IN BALTMORE, MARILAND WILL NAME OF HOSPITAL OR Offers or locofoon address or locofoon of the property of t
Type or finds Alice V. Franck August 26, 1967 2:45 f August 26, 1967 August 26,
LACE OF DEATH IN SALTMORE, MARYLAND A STATE B. COUNTY C. CITT OF TOWN (If not in hospitol or institution, give street) C. CITT OF TOWN (If not indeed only institution) C. CITT OF TOWN (If not indeed only institution) C. CITT OF TOWN (If outside city limits, write RURAL and give township) B. DATE OF BISH B. COUNTY C. CITT OF TOWN (If outside city limits, write RURAL and give township) B. DATE OF BISH B. COUNTY C. CITT OF TOWN (If outside city limits, write RURAL and give township) B. DATE OF BISH B. COUNTY C. CITT OF TOWN (If outside city limits, write RURAL and give township) B. DATE OF BISH B. COUNTY C. CITT OF TOWN (If outside city limits, write RURAL and give township) B. DATE OF BISH B. COUNTY C. CITT OF TOWN (If outside city limits, write RURAL and give township) B. DATE OF BISH B. COUNTY C. CITT OF TOWN (If outside city limits, write RURAL and give township) B. DATE OF BISH B. COUNTY C. CITT OF TOWN (If outside city limits, write RURAL and give township) B. DATE OF BISH B. COUNTY C. CITT OF TOWN (If outside city limits, write RURAL and give township) B. DATE OF BISH B. COUNTY C. CITT OF TOWN (If outside city limits, write RURAL and give township) B. DATE OF BISH B. COUNTY C. CITT OF TOWN (If outside city limits, write RURAL and give township) B. DATE OF BISH On Space C. CITT OF TOWN (If outside city limits, write RURAL and give township) B. DATE OF BISH On Space C. CITT OF TOWN (If outside city limits, write RURAL and give township) B. DATE OF BISH On Space C. CITT OF TOWN (If outside city limits, write RURAL and give township) B. DATE OF BISH On Space C. CITT OF TOWN (If outside city limits, write RURAL and give township) B. DATE OF BISH On Space C. CITT OF TOWN (If outside city limits, write RURAL and give township) B. DATE OF BISH On Space C. CITT OF TOWN (If outside city limits, write RURAL and give township) B. DATE OF BISH ON Space
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SEK S. RACE
SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years with the book of the country) 1. Distance of the country 1. Distance of the c
SEX 6. RACE White Widows Divorced (specify) Dct. 7, 7883 By 30 Months; Doys Hours Midows Dct. 7, 1887 Months; Doys Hours Dct. 7, 1887 Months; Doys
SEK G.RACE MARRIED MODER DIVORCED (specify) Oct. 7, 7883 Months: Doys Months: Month
DALL OCCUPATION (Give hind of work) 108. KIND OF BUSINESS OR INDUSTRY 11. BIRTHFLACE (Stole or foreign country) Howavile John McLauchlin West Deceased Ever in U. S. Amed forces? Shannon unknown) (It yes, give wor or doles of service) DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heard foliuse, astherio, etc., It means the disease, injury or complication which coused death,) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A): stoling the UNDERLYING CONDITION Isst. III OTHER SIGNIFICANT CONDITION SCONTRIBUTING TO THE DEATH UNDERLYING CONDITION To State to the above couse (A): stoling the UNDERLYING CONDITION Isst. III OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DEATH ROUSE CONTRIBUTING CONDITION FOR WHICH OPERATION PARK PERFORMED 212. A. ACCIDENT WAS UNDERLYING BUT OF DEATH WHICH OPERATION NOT WHICH OPER
HOUSEWISE HOUSEWISE John McLauchlin WHAT COUNTRY? U.S. A. Many Flaherty SECURITY NO. TO CAUSE OF DEATH (This does not mean the made of dying, e.g., incurrence in the above couse (A). stoling inse to the above couse (A). stoling the UNDERLYING CONDITION Sci. DISEASE OR CONDITION Sci. DISEASE OR CONDITION OS. ANTECEDENT CAUSES DISEASES OR CONDITION Sci. DISEASE OR CONDITION Sci. DISEASE OR CONDITION Sci. OTHER SIGNIFICANT CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. DISEASE OR CONDITION CAUSING IT. OTHER SIGNIFICANT CONDITION Sci. DISEASE OR CONDITION CAUSING IT. DISEASE OR CONDITION CAUSING IT. 218. PLACE OF INJURY (e.g., in or about 21C, WHERE DID NOT CAUSING IT. 218. A ACCIDENT WAS UNDERLYING DEATH? DISEASE OR CONDITION CAUSING IT. 218. PLACE OF INJURY (e.g., in or about 21C, WHERE DID NOT CAUSING IT.) 218. A ACCIDENT WAS UNDERLYING DEATH? DISEASE OR CONDITION CAUSING IT. 218. PLACE OF INJURY (e.g., in or about 21C, WHERE DID NOT CAUSING IT.) 218. PLACE OF INJURY (e.g., in or about 21C, WHERE DID NOT CAUSING IT.) 210. THE MAS UNDERLYING DEATH? DISEASE OR CONDITION CAUSING IT. 218. PLACE OF INJURY (e.g., in or about 21C, WHERE DID NOT CAUSING IT.) 210. THE MAS UNDERLYING DEATH? DISEASE OR CONDITION CAUSING IT. 218. PLACE OF INJURY (e.g., in or about 21C, WHERE DID NOT CAUSING IT.) 210. THE MAS UNDERLYING DEATH? WHILE ALL NOT WHERE DID NOT WHERE DID NOT CAUSING IT. 216. FILE HOW DID INJURY OCCUR? WHILE ALL NOT WHILE ALL NOT WHILE DID INJURY OCCUR? WHILE ALL NOT WHILE ALL NOT WHILE DID INJURY OCCUR? WHILE ALL NOT WHILE ALL NOT WHILE DID INJURY OCCUR?
Housewife 3. FATHER'S NAME John McLauchlin S. Was Deceased Ever in U. S. Amed Forces? S. Was Deceased Ever in U. S. Amed Forces? S. Was Deceased Ever in U. S. Amed Forces? S. Was Deceased Ever in U. S. Amed Forces? S. Was Deceased Ever in U. S. Amed Forces? S. Was Deceased Ever in U. S. Amed Forces? S. Was Deceased Ever in U. S. Amed Forces? S. Was Deceased Ever in U. S. Amed Forces? S. Was Deceased Ever in U. S. Amed Forces? S. Was Deceased Ever in U. S. Amed Forces? S. Was Deceased Ever in U. S. Amed Forces? S. Was Deceased Ever in U. S. Amed Forces? S. Was Deceased Ever in U. S. Amed Forces? S. Was Deceased Ever in U. S. Amed Forces? S. Was Deceased Ever in U. S. Amed Forces? S. Was Deceased Ever in U. S. Amed Forces? S. Was Deceased Ever in U. S. Amed Forces? S. Was Deceased Ever in U. S. Amed Forces? S. Was Park Maiden NAME Many Flaherty ADDRESS CAUSE OF DEATH INTERVAL BETWEEN ONSET AND OEATH INTERVAL BETWEEN ONSET AND OEATH S. Acute myocardial infarction 3 hrs. DUE TO Vascular disease (B) Arteriosclerotic cardio— 10 yrs. OUE TO Vascular disease (C) UNDERLYING CONDITION (I.) TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION WAS PERFORMED OR CONTRIBUTING CAUSE OF CONDITION FOR WHICH OPERATION WAS PERFORMED OR CONTRIBUTING CAUSE OF CONDITION FOR WHICH OPERATION WAS PERFORMED OR CONTRIBUTING CAUSE OF CONDITION (I.) 21A. ACCIDENT WAS UNDERLYING CAUSE OF CONDITION (I.) 19A. DATE OF OPERATION (I.) 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID OR CONTRIBUTING CAUSE OF CONDITION (II) 21B. PLACE OF INJURY OCCURRED While AI Not While III 21F. HOW DID INJURY OCCUR? While AI Not While III 21F. HOW DID INJURY OCCUR?
John McLauchlin S. Was Deceased Ever in U. S. Armed Forces? Tes, no or unknown (If yes, give wor or dates of service) No
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(APPROX)
(APPROX)
Work At Work
22. I certify that (I) (this hospital) attended the deceased from August 19 57 to August 26, 19 6
that (1) (we) lost saw the deceased alive an August 26, 1967 ond that in (my) + (our) opinion death occurred on the
ond hour and from the causes stated above. (1) (We) (did) (did-net) view the bady after deoth.
23A. SIGNATURE
Taryon Inys.
23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS
Lloyd E. Saylor M.O. 3902 Greenmount Avenue
REMOVAL (Specify)
Burial 8/29/67 New Cathedral Cemetery Baltimore, Maryland
ADDRESS
AUG 28 1967 Robert & Filena O O O Spha A. Monan, Inc. 3000 E. Balto. St.
\$ 150-REV. 1/1/65



BIR	TH NO.	MED	ICAL EX	KAMINER'S C	ERTIFICATE (OF DEATH Registe	ered No.
	E CASE NO.	CEACED			10.00	TO AND HOUSE SECUCIONS	250.0140
ίτ̈́y	pe or Print)				2. DA	TE AND HOUR PRONOUNCE	
3.	LACE IN BAL	SARA BRIGG			4. USUAL RESIDENCE	August 22, 196	67 6:40 p M. titution: residence before admission
					A. STATE	ryland B. co	UNTY
HC	LL NAME OF	ADDRESS OR LOC	AL OR INSTIT	UTION, GIVE STREET		f outside corporate limits, writ	e RURAL and give township)
IIN:	NOITUTIES				Balti	more	26-44
1	000	016 E Tamban	d Ctron		D. STREET ADDRESS		
C	4.	316 E. Lombar	d Stree		4316 E.	Lombard Street	
5. :	EX	6. RACE		NEVER MARRIED DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years	
1	Temale	White		vorced	4/22/02	65	
10A	USUAL OCC	UPATION (Give kind of wo		F BUSINESS OR INDUSTR			12. CITIZEN OF WHAT COUNTRY?
don	e auring most or	working life, even if retired)	7		Tennesse	e	USA
13.	FATHER'S NA	M.E.			14. MOTHER'S MAIDEN		
		William Bri	ggs		Metilda C	ousins	
		ED EVER IN U.S. ARMEI	D FORCES?	16. SO CIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No	Willy 23, give wer of ger	es or servicer	408-28-4901	Joseph Amme	en 4316 E. Lomb	ard St Balt. Md.
-	18.	1. 1		CAUSE	OF DEATH		INTERVAL BETWEEN
	DICEA	SE OR CONDITION D	INCCTIV				ONSET AND DEATH
		LEADING TO DEAT	Н	(A)	Arteriosclero	tic Cardiovascu	ılar
	(This does heart foilure	not mean the made a e, asthenia, etc. It mean	dying, e.g., s the disease.	DUE TO	Diseas		
	injury or co	implication which caused	death.)			2	
		ANTECEDENT CAUSE		(8)			
		OR CONDITIONS, IF A		DUE TO	0.000		
-	UNDERLYI	NG CONDITION LAST.		(C)			
Ô		11		10/			
ERTIFICATION	OTHER SIC	NIFICANT CONDITIONS	CONTRIBUTI	NG T			
III.		DEATH BUT NOT RE		THE Ingest	ion of Barbi	turates	
ERI	19A. DATE O	F OPERATION 198, COL		WHICH OPERATION	20A. AUTOPSY? (Yes	or No. 208. IF YES, WERE FI	
O	2/	WAS PE	RFORMED		YES	IN CERTIFYING SAU	ISES OF DEATH?
₹	UNDERLYING	CAUSE WAS	21 B.	PLACE OF INJURY (e.g.,	in or about 21C. WHERE	DID (If in Boltimore City, g	ive exact location)
0	UTING CA	JSE OF DEATH.	etc.)				
Σ	21 D TIME OF INJURY	(Month) (Doy) (Yes	ar) (Hour) (re	21E. INJURY OCCURRED	21F. HOW DI	D INJURY OCCUR?	
	(APPROX.)			WHILE AT NOT AT W	WHILE		
	22.						
		rtify that I held an				on this basis, death in i	my opinian
	resu	Ited from: Natural co	usest	Accident Suicid			er
	ACTUA	1	200/	1		AL EXAMINER X	DATE SIGNED
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	EXAMI		11 0	n. 1 1/2	ASSOCIATE MEDIC		A 22 1067
23/	NAME (1140	sell S.	Fisher, M.D.	CREMATORY		August 23, 1967
	MOVAL (Speci	fy)				(on)	,
0.4	Buria			Mt. Carmel	10.00	Balyimore, M	
24		G 28 1967 P.	24B, NAME	OF REGISTRAR	24C. FUNERAL DIR		ADDRESS
	AU	1001 OF	COLUT C.	THE WORLD	Wm. Cook-	Brooks Inc Balt	imore, Md. 21202



(Type or P	F DECEASED	0	8224 CEF			D HOUR OF DEATH	1/46
	int)	Anne	Web.	ster	Aug.	23,1967	7
PLACE	OF DEATH IN	N BALTIMORE, MA	RYLAND	4. USL	TE B. COUN	e deceased lived. If in	stitution: residence before o
FULL N	AME OF		ar institution, give street	Mo			
INSTITU		address ar lacation	0	C. CIT	0 1		RURAL and give to wantip)
00		1 10	1	D. STE	Baltimon	rural, give lacation)	
- 4	1333 H	arford Ro	pad		4333 Har	ford Road	
5. S EX	6. RA		7. MARRIED, NEVER MA WIDOWED, DIVORCEI	O (specify)		9. AGE (In years last birthday)	If Under 1 Yr. If Under Months Days Hours
tema		hite	widowed	Nov	.14,1869	97	
dane during	most of working	g life, even if retired)	108 KIND OF BUSINESS		THPLACE (State or fare	gn country)	12. CITIZEN OF WHAT COUNTRY?
How.	sewife			Ma	ryland OTHERS MAIDEN NAI		USA
	Rave	in U. S. Armed Fore	cos? 16. SOCIAL		ophie Pel	ing	ADDRESS
(Yes, no or	nkna wn) (If ye	es, give war ar date	s of service) SECURI	TY NO.		11	
18.				CAUSE OF DEAL	Alice Ha	u	Same INTERVAL BETW
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21A. A OR CC DEATH OR CC DEATH OR CC DEATH OR CC DEATH OF IN (APPR) 22. 1 that (and have been also been al	CCIDENT W. NTRIBUTING I (notify medic OX.) Certify that I) (we) lost aur and fram GNATURE HYSICIAN'S AME (Type) Walte OYAL (Specify Cal REC'D BY H	AS UNDERLYING CAUSING! RATION 19B. CONIWAS PERF AS UNDERLYING CAUSE OF COI examiner) (1) (this hospital saw the deceose on the couses state of CAUSE OF CAUSE OF COI examiner) (2) (1) (this hospital saw the deceose on the couses state of CAUSE OF CAUSE OF COI examiner)	DITION FOR WHICH OPEN ORMED 218. PLACE OF hame, farm, fact etc.) (Hour) 21E. INJURY OC While At Wark) ottended the decease d alive an ed oboye; (I) (We) (did	injury (e.g., in or oboory, street, office bldg CCURRED Not White At Work d from (did not) view the M.D. Attending Phys. 23D. AO M.D. ATTENDED RETERY OF CREMATOR Retery Re	21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 9 ond the body after deoth. Med. Director DRESS Y 240 Au 40 Au	IN CERTIFYING CA (If in Baltimare URY OCCUR? 19to	e City, give exact lacation) 19 19 19 19 19 19 19 19 19 1



VS 150-REV, 1/1/65

I'M HILL HILLY HUDER COX

THE UNION MEMORIAL REGIONAL

BAH, MORE, MARYLAND 21219

U.S. Army Byune it are true

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Thomas COX

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VS 150-REV. 1/1/65 AUG

Type or Print	SNYDER, A		6 CERTIFICA	2. DATE AND HOUR OF I	1967 8:00 A
FULL NAME HOSPITAL INSTITUTION	OR oddiess or locotion	or institution, inistrat	ion Hospital	A. STATE B. COUNTY Maryland C. CITY OR TOWN (If outside city limits, Baltimore D. STREET ADDRESS (If turol, give locot	, write RURAL and give township)
×/	Baltimore, Ma			1809 Hillenwood Road	
Male	White		NEVER MARRIED D, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In yeo lost birthdoy) 78	Months Doys Hours Min.
	OCCUPATION (Give kind of work ost of working life, even if retired)	k 10B. KIND O		11. BIRTHPLACE (Stote or foreign country) Baltimore, Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.
John D	· Snyder			14. MOTHER'S MAIDEN NAME Elizabeth Hack	
Yes.	enown) (If yes, give wor or dote 9/25/17 to	rces? es of service) 12/4/18	16. SOCIAL SECURITY NO. 212-22-7246	17. INFORMANT Records V.A. Hospital, Baltimo	ADDRESS re. Md. 21218
			DILETO		
DISEASE rise lo UNDERL	pes not meon the mode of iture, osthenio, etc. It meons of complication which coused ANTECEDENT CAUSES OR CONDITIONS, it like above couse (A). YING CONDITION lost.	ony, giving	(B) Arter	iosclerotic cardi es ascu isease stis rt Elbow	lar 15 Years
DISEASE rise to UNDERL OTHER: TO THE DISEASE	ilure, osihenio, etc. II meons complication which coused ANTECEDENT CAUSES ES OR CONDITIONS, il lihe above couse (A). YING CONDITION lost. SIGNIFICANT CONDITIONS CE DEATH BUT NOT RELESTED TO CONDITION CAUSING (A)	ony, giving sloting the CONTRIBUTINATED TO THE TOTALL THE TOTALL THE TRANSPORTER OF THE T	(B) Arter DUE TO I (C) Bur	20A. AUTOPSY? (Yes or No) 20B. IF YES, IN CERTIFYIN	NERE FINDINGS CONSIDERED NG CAUSES OF DEATH?
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VS 150-REV. 1/1/65

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IMPORTANT

FUNERAL DIRECTOR:

		ARYLAND		5104 HA	REORD RE	MARYLAND RURAL and give township)
6LUTH	HERAN H	OSPIT	TAL	D. STREET ABORESS (If rurol, give locotion) NP 5104	Harford Rd.
F. SEX	6. RACE	widowe	NEVER MARRIED D, DIVORCED (specify)	8. DATE OF BIRTH Jan.1, 1899	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hr. Months Doys Hours Min.
	of working life, even if retired Ca		F BUSINESS OR INDUSTRY	Maryland 14. MOTHER'S MAIDEN N		12. CITIZEN OF WHAT COUNTRY?
unk	NOWN od Ever in U. S. Armed F		N/ contain	Fannie Mil		
	(If yes, give wor or do		16. SOCIAL SECURITY NO. 215-14-5870A	William S. R	athell 510	Harford Rd., Bal
DISEA	ASE OR CONDITION D LEADING TO DEATH		CAUSE O		hillation	INTERVAL BETWEEN ONSET AND DEATH
(This door	not made the made	duine on	5115.70			
heart failure	nal meon the made of the course of the cours	s the disease ed deoth.)	DUE TO	youndial.	enfaction	hous
DISEASES	e, osthenia, etc. It mean amplication which cause	ns the disease ed deoth.) ES ony, giving	(c) Acti	yourdial. isolutic c	infaction adirector	years
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DISEASES rise la 1 UNDERLYIN OTHER SIGN TO THE DISEASE OF TO THE DISEASE OF TO THE OR CONTRIL DEATH (not)	o, osthenia, etc. II mean implication which cause ANTECEDENT CAUSE OR CONDITIONS, if the abave cause (ANG CONDITION last.	CONTRIBUTING LATED TO THE REFORMED (Hour) 211	WHICH OPERATION B. PLACE OF INJURY (e.g., in the property of	20A. AUTOPSY? (Yes or land) n or obout 21C. WHERE DID INJURY OCCUR?	No) 20B. IF YES, WERE IN CERTIFYING CA (II in Boltimos	FINDINGS CONSIDERED LUSES OF DEATH?
DISEASES rise la 1 UNDERLYIN OTHER SIGN TO THE DISEASE OF TO THE DEATH (not) 21D. TIME OF INJURY (APPROX.) 22. I certif that (I) (wee	a, osthenia, etc. II mear implication which cause ANTECEDENT CAUSE OR CONDITIONS, if he abave cause (ANG CONDITION last.) INTECANT CONDITIONS DEATH BUT NOT REACT NOT	CONTRIBUTIN LATED TO THE IT. INDITION FOR REFORMED 211 har etc i) (Haur) 211 WW. al) attended sed alive on	WHICH OPERATION B. PLACE OF INJURY (e.g., inne, farm, factory, street, on the control of the co	20A. AUTOPSY? (Yes or In or obout 121C. WHERE DID Infice bidg., INJURY OCCUR? 21F. HOW DID IN	No) 208. IF YES, WERE IN CERTIFYING CA (II in Boltimos NJURY OCCUR?	FINDINGS CONSIDERED LUSES OF DEATH? The City, give exact location)
NOTHER SIGN TO THE DISEASE OF INJURY (APPROX.) 21.A. CCID OR CONTRIL OF INJURY (APPROX.) 22. I certif that (I) (we and haur and 23A. SIGNAT	o, osthenia, etc. II mear implication which cause ANTECEDENT CAUSE OR CONDITIONS, if the abave cause (ANG CONDITION Iast. INTECANT CONDITIONS DEATH BUT NOT REING CONDITIONS OF OPERATION 198. COWAS PERIT WAS UNDERLYING CAUSE OF (Manth) (Day) (Year of the abave causes and fram the causes struck.)	CONTRIBUTIN LATED TO THE IT. INDITION FOR REFORMED 211 har etc i) (Haur) 211 WW. al) attended sed alive on	WHICH OPERATION B. PLACE OF INJURY (e.g., in me, form, factory, street, only) E. INJURY OCCURRED hite At Work At Work the deceased from 1. M.D. Att. Phy	20 A. AUTOPSY? (Yes or In or obout 21 C. WHERE DID lince bidg., INJURY OCCUR? 21 F. HOW DID IN 18 22 6 6 7 7 19 ond riew the body after death birector Director	No) 208. IF YES, WERE IN CERTIFYING CA (II in Boltimos NJURY OCCUR?	FINDINGS CONSIDERED LUSES OF DEATH? The City, give exact location)
NOTHER SIGN TO THE DISEASE OF	o, osthenia, etc. II mear implication which cause ANTECEDENT CAUSE OR CONDITIONS, if he abave cause (ANTECEDENT CAUSE) I CONDITION INTERPRETATION OF OPERATION OPERAT	CONTRIBUTIN LATED TO THE SIT. NOTION FOR REFORMED 211 hor www. al) attended sed alive on ated above.	WHICH OPERATION B. PLACE OF INJURY (e.g., in me, form, factory, street, only) E. INJURY OCCURRED hite At Work At Work the deceased from 1. M.D. Att. Phy	20A. AUTOPSY? (Yes or long) n or obout 21C. WHERE DID line bidg., INJURY OCCUR? 21F. HOW DID IN 19 21F.	No) 208. IF YES, WERE IN CERTIFYING CA (II in Baltimos NJURY OCCUR? 19 ta that in (my) (aur) ap Stoff Phys. A	FINDINGS CONSIDERED (USES OF DEATH? THE City, give exact location) 8/26/67 19 Inian death accurred an the death

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DIRECTOR:

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VS 150-REV. 1/1/65

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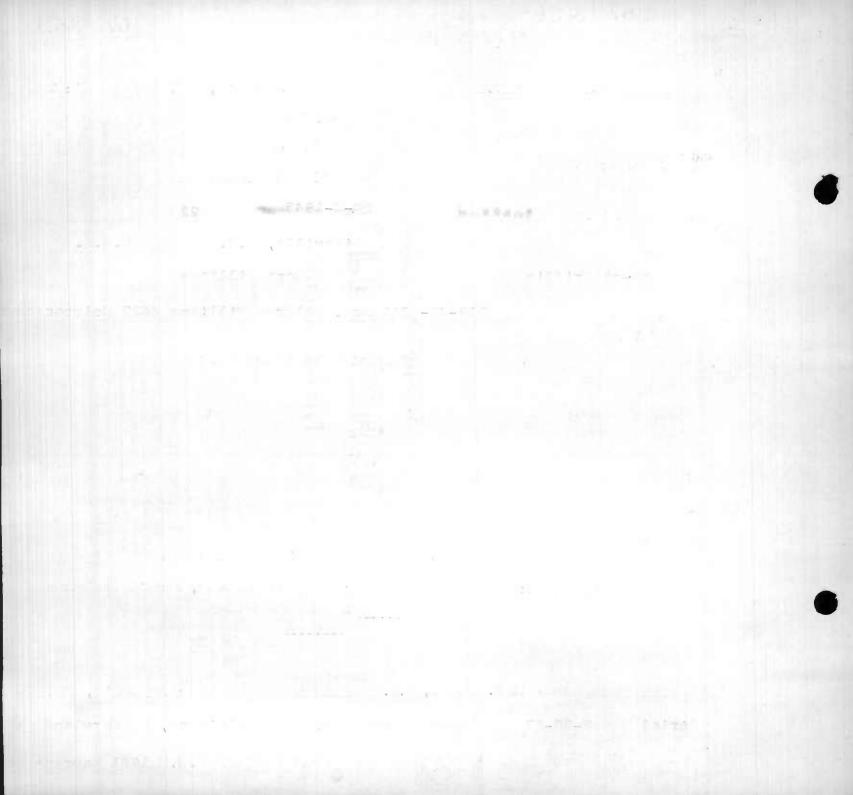
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MIRIO DI COLLEGIO DE CONTROL DE C

W-453 BIRTH NO. 67 8231 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 8231

M.E. CASE NO. 1. NAME OF DECEASED			2 DATE AND	HOUR PRONOUNC	ED DEAD	
(Type or Print)						
FRANKLIN	WILLIAMS	Ha HELLAL DECLE	August	23, 1967	******	lence before odmission)
3. PLACE IN BALTIMORE, MATTLAND, W	HERE PRONOUNCED DEAD	A. STATE	DENCE (Where de	B. COL	JNTY	sence belore ogmission/
FULL NAME OF (IF NOT IN HOSPIT	AL OR INSTITUTION, GIVE STREET	Mary			BAARAA	
HOSPITAL OR ADDRESS OR LOCA	ATION)	C, CITY OR TO	WN (If outside o	corporate limits, write	e RURAL or	d give township)
N3IITO IION		Ra1	timore			27.16
Olasi Wasainal			DRESS (If rurol, gi	ve location)		7
Sinai Hospital						
5. SEX 6. RACE	TO AA A DRIED BIEVED AA A DRIED	402/		9. AGE (In years	TIE Hadas	1 V. If II-1- 24 H
o. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specily)			lost birthdoy)	Months	1 Yr. If Under 24 Hrs. Doys Hours Min.
Male Colored	MARRIED	4-5-19	945	22		
Male Colored		YII. BIRTHPLACE	(State or foreign		12. CITIZI	N OF
lone during most of working life, even if retired)		Tilled A anni	1110 N	0	WHA	T COUNTRY?
2 PATHERIC MAAAF		14. MOTHER'S M	ille, N.		0	S.A.
3. FATHER'S NAME		14. MOTHER'S N	MAIDEN NAME			
Robert Griff	in		Dora Wi	lliams		
5. WAS DECEASED EVER IN U.S. ARMED		17. INFORMANT			ADDRESS	
es, no or unknown) (If yes, give wor or dote						
	212-42-8313	Mrs. De	elores V	Villiams	4627	Reisterst
18. FOVIX.	CAUS	E OF DEATH	1 1 1 1 1 1 1 1 1 1 1			INTERVAL BETWEEN
DISEASE OF COMPLETION DI	INFOTI V					ONSET AND DEATH
DISEASE OR CONDITION DI LEADING TO DEATH			d of the	ahaat		
(This does not mean the mode of heart failure, asthenia, etc. It means	(A) L-111	shot woun	d of the	cnest		«************************************
heart failure, asthenia, etc. It means injury or complication which caused	s the disease,					
ANTECEDENT CAUSE	S					
DISEASES OR CONDITIONS, IF A	ANY, GIVING DUE TO					
RISE TO THE ABOVE CAUSE (A) S UNDERLYING CONDITION LAST.	TATING THE					
	(C)					
<u> </u>		-				
S OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING					
TO THE DEATH BUT NOT RE	LATED TO THE					
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RE DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 198. CON						***************************************
19A. DATE OF OPERATION 19B. CON	NOTION FOR WHICH OPERATION	20 A. AUTOPS		B. IF YES, WERE FI		
WAS PER	RFORMED.	YES		CERTIFING CAO	SES OF DE	ŶĔS
21A. EXTERNAL CAUSE WAS	21 B. PLACE OF INJURY (e.g.,	in or obout 21C.	WHERE DID (If	in Boltimore City, g	ive exect le	
UNDERLYING WOR CONTRIB-	home, form, foctory, street,	office bldg., INJUR	RY OCCUR?			
III	Home		4626 Reis	sterstown	Road	28-31
21D TIME (Month) (Doy) (Yea		21 F. H	IOW DID INJURY	OCCUR?		
OF INJURY (APPROX.)	11:00 WHILE AT NOT	WHILE X Su	hicet ma	a shot at	abbad	and struck
	II: UUm. AVORK LAT	VORK A Su	ibject was	s snot, st	abbeu	and struck
22. I certify that I held an	Inquiry Inspection A	ntopsy X on	d that on this	basis, deoth in	my opinior	
resulted fram; Natural ca	uses Accident Suici			determined monn	er	
1/2	-/ /	CHIEF	AEDICAL EXA	MINER XX		DATE SIGNED
ACTUAL //	Tallala/	ASSISTANT M				DATE SIGNED
SIGNATURE ////	M.I					
EXAMINER'S			MEDICAL EXA			
	ssell S. Fisher, M.D.				August	
3A. BURIAL CREMATION, 23B. DATE	23C. NAME OF CEMETERY	or CREMATORY	23 D. LO	CATION (City	, town, or o	county) (Stote)
	67 Manual Bull		D.	1 hdm an a		Manaland
Burial 8-28-				altimore		Maryland
4A. DATE REC'D BY HEALTH DEPT.	24B, NAME OF REGISTRAR		RAL DIRECTOR		A	DDKF22
AUG 28 1967	alub E. Falley M.	MODE	ON C PAR	mmm m rr	170	1
AUG 20 1301	Jugar, -	MORT	ON & DY	ETT F.H.	1/0	l Laurens
/S 151-REV. 1/1/65		. ()	e a			



BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.7 8232

BIKIN NO.	MILD	CAL LAAMINE	K 5 CLI	HIIICA	LOIL	LAIII Kegisie	1100		
M.E. CASE NO.					là - · · ·				
1. NAME OF DEC	EASED				2. DATE AND	HOUR PRONOUNC	ED DEAD		
ADA		DF	ENT		Augu	st 25, 196	7	7:20 P	. M.
		HERE PRONOUNCED DEAD		USUAL RESID	ENCE (Where	leceosed lived. If inst B. COL	itution: reside JNTY	nce bofore o	dmission
FULL NAME OF HOSPITAL OR NSTITUTION	ADDRESS OR LOCA	AL OR INSTITUTION, GIVE S	OIKEE	Baltime		corporate limits, write	e RURAL ond	give townst	-0 :
∧ 850 Hil	llman Street			D. STREET ADDRESS (If rurol, give locotion)					
					illman S				
5. SEX	6. RACE	7. MARRIED, NEVER MARR		DATE OF BIRTI	Н	9. AGE (In years lost birthday)		Yr. If Unde	
77 1		WIDOWED, DIVORCED(spe		11-2-19	203		Won in s L	oysinours	i with.
Female	Negro	k TOB. KIND OF BUSINESS OR				63	12. CITIZEN	OF	
one during most of w	rorking life, even if retired)						WHAT	COUNTRY?	2
House		Home		. MOTHER'S M	oro, N	orth Carc	lina	U.S.	.43.
FATHER'S NAM	E		12	. MOTHER'S M	AIDEN NAME				
Ch	ristenbery	Tillman		Bet	ty				
	O EVER IN U.S. ARMED			. INFORMANT			ADDRESS		
	m your give mer or dole			Mrs. Ad	die Go	rman 133	32 Div	ision	Str
[1B.	A 1	423 20	CAUSE				T i	NTERVAL BE	TWEEN
100	-21/1		CAUSE	PDEATH				DISET AND	
DISEAS	E OR CONDITION DI								
(71)	LEADING TO DEATH	(A) Z	Arterio	scleroti	c Cardio	vascular D	isease	*************	00000000000000
he ort foilure,	of mean the mode of osthenio, etc. It means	the disease,	то						
injury or con	nplication which coused	de oth.)							
Δ	NTECEDENT CAUSE	<							
	OR CONDITIONS, IF A	/ 21	E TO					*	
RISE TO THE	E ABOVE CAUSE (A) S'	TATING THE	E 10						
	IG CONDITION LAST.	(C)							
5		(0)							
- OTHER SIGN	II	CONTRIBUTING							
TO THE	IFICANT CONDITIONS DEATH BUT NOT RE								
DISEASE OF	CONDITION CAUSING								
OTHER SIGN TO THE DISEASE OF	OPERATION 198, CON WAS PER	IDITION FOR WHICH OPERA	NOIT	20 A. AUTOPSY		OB. IF YES, WERE FI			
				No					
21 A. EXTERNAL UNDERLYING UTING CAU	OR CONTRIB-	21B. PLACE OF INS home, form, foctory etc.)	JURY (e.g., in y, street, office	or obout 21 C. V	HERE DID	f in Boltimore City, g	ive exoct loc	otion)	
#									
OF INJURY	(Month) (Doy) (Yeo	r) (Hour) 21E. INJURY O	CCURRED	21 F. H	DINI DID WO	RY OCCUR?			
(APPROX.)		m. WHILE AT	NOT WE	RILE					
22.			CR.W.						
I cert	ify that I held on I	nquiryInspection	Autor	sy one	d that on this	s bosis, deoth in r	ny opinion		
resul	ted from: Notural co	uses X Accident	Suicide	Homici	de U	ndetermined monn	er		
	1			CHIEF M	EDICAL EX	AMINER -			
ACTUAL	11/1	1.52						DATE SIG	SNED
SIGNAT	URE /// SALES	1). /N.	1716 0 6	SSISTANT M				0/26/6	7
EXAMIN NAME (U. Spitz, M.D		SSOCIATE M	EDICAL EX	AMINER		8/26/6	, ,
3A. BURIAL CRE	MATION, 238 DATE	23C. NAME of C	EMETERY or	CREMATORY	23 D. LC		, town, or co	unty)	(Stote)
REMOVAL (Specify		68 1	3 3	0		ltimore	WV M		a
Buria								rylan	id
4A. DATE REC'D	BY HEALTH DEPT.	248, NAME OF REGISTRAR		24C. FUNER	AL DIRECTOR		AL	DRESS	
	AUG 28 1967	Robert E. Fan	Dey MA	MORT	ON & D	ÆTT F.H.	1701	Laur	ens
VS 151-REV. 1/1/	65	. 0 6 7		0 8	6. 9				1/

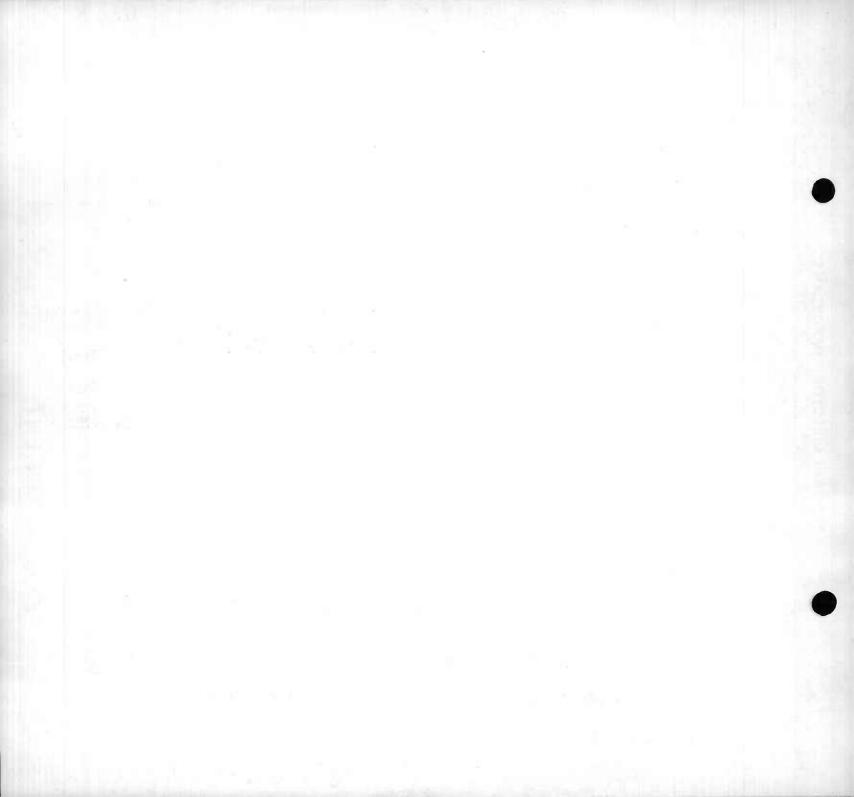
- Figure 1771 Transfer of the Art Transfer

67 8233 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 8233

M.E. CASE NO.		OEKTII TO/KIE O		
1. NAME OF DECEASED		2. DATE	AND HOUR PRONOUNCED	
WILLIE Talle	DAWKINS		igust 25, 1967	1:05 P. M.
3. PLACE IN BALTIMORE, MARYLAND, W FULL NAME OF HOSPITAL OR ADDRESS OR LOCAL INSTITUTION	HERE PRONOUNCED DEAD AL OR INSTITUTION, GIVE STREET (TION)	4. USUAL RESIDENCE (W A. STATE Maryland	here deceosed lived. If institut B. COUN' utside corporate limits, write R	URAL and give township)
Union Memorial Ho	spital	Baltimore D. STREET ADDRESS (IF	rural, give lacation)	21-00
/ = /			ing Run Drive	
5. SEX 6. RACE Male Negro	7. MARRIED, NEVER MARRIED WIDO WED, DIVORCED (specify) MARRIED	B. DATE OF BIRTH 9-5- 1935	9. AGE (In years lost hirthday)	If Under 1 Yr, If Under 24 Hrs. Months Doys Hours Min.
too. USUAL OCCUPATION (Give kind of word done during most of working life, even if retired) Dist. Supervisor 13. FATHER'S NAME	Dept. Pub. Welf		, s.C.	2. CITIZEN OF WHAT COUNTRY? U.S.A.
	wkine Sr		G. Dawkins	
Willie T. Day	FORCES? 16. SO CIAL	17. INFORMANT		ADDRESS
(Yes, no or unknown) (If yes, give war or date	s of service) SECURITY NO. 229-42-61	65 Mrs Pate	eie Dawkins 5	003 Herring Run
18.// 00 /	1	SE OF DEATH	20 201112110	INTERVAL BETWEEN ONSET AND DEATH
OISEASE OR CONDITION DI LEADING TO DEATH (This does not meon the mode of heart failure, asthenia, etc. It means injury or complication which coused ANTECEPENT CAUSE DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) S' UNDERLYING CONDITION LAST.	dying e.g., the discose, death.) S NY, GIVING DUE TO	riosclerotic Car	diovascu a r Dise	ase
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RE DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 198, CON	LATED TO THE			
19A. DATE OF OPERATION 19B. CON WAS PER		Yes	No) 20B. IF YES, WERE FIND IN CERTIFYING CAUSES	
21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-	21B, PLACE OF INJURY (e., home, form, foctory, street, etc.)	g., in or obout 21C. WHERE D	ID (If in Boltimore City, give !?	
21D TIME (Month) (Day) (Yeo OF INJURY (APPROX.)	WHILE AT TO NO	D 21F. HOW DID	INJURY O CCUR?	
22. I certify that I held an I resulted fram: Natural ca ACTUAL SIGNATURE EXAMINER'S Werner NAME (Type)	uses X Accident Suic	Autapsy A and that of cide Hamicide CHIEF MEDICAL D. ASSISTANT MEDICAL ASSOCIATE MEDICAL	EXAMINER X	
23A. BURIAL CREMATION, REMOVAL (Specify) 8-30-		Nat'l Cem.	Baltimore,	Maryland
AUG 28 1967	24B, NAME OF REGISTRAR Coloub E, Falley M.	24C. FUNERAL DIRECT		ADDRESS 1701 Laurens St
VS 151-REV, 1/1/65	7 7 1 13		4.	1/

ife ster - -The state of the s

VS 150-REV. 1/1/6



			KIIFICATE				
E. CASE NO.							
NAME OF DECEASED pe or Print)			2.	DATE AND	HOUR PRONOUNC	ED DEAD	
MARY		JACKSON		Augus	t 27, 1967	7 1	:43 A. M.
PLACE IN BALTIMORE, MARYLAND, LL NAME OF (IF NOT IN HOSP		NCED DEAD TION, GIVE STREET	4. USUAL RESIDENT A. STATE Maryla	CE (Where de	ceased lived. II insti B. COU	itution: residenc	ce befare admission
SPITAL OR ADDRESS OR LOC	CATION)	HON, GIVE STREET	Baltimo		arporate limits, write	RURAL and	give tawnship)
Provident Hospital	(DOA)		D. STREET ADDRESS	\$ (If rurol, gi	, /800		
SEX 6. RACE	WIDO WED, D	OVORCED (specify)	B. DATE OF BIRTH		9. AGE (in years last birthday)	If Under 1 Months Day	Yr. If Under 24 Hrs
Female Negro	WIDOW		1-2-1902		65	12. CITIZEN	05
e during most of warking life, even if retired		BUSINESS OR INDUSTRI	Washingt	on, D		U.S	OUNTRY?
FATHER'S NAME			14. MOTHER'S MAID	EN NAME			
unk.			ur	nk.			
WAS DECEASED EVER IN U.S. ARM s, na arunknawn) (If yes, give war or do		16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS	
		579-38-5179	Mrs. Mai	ry Osb	orne 342	26 Par	k Height
ANTECEDENT CAUS DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LAST II OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT I DISEASE OR CONDITION CAUSIN	ANY, GIVING STATING THE T.						
19A. DATE OF OPERATION 19B. CO	ONDITION FOR VERFORMED	VHICH OPERATION	20 A. AUTOPSY? (Y		B. IF YES, WERE FII CERTIFYING CAUS		
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	21 B. F hame, etc.)	LACE OF INJURY (e.g., i farm, factory, street, a	n or about 21C. WHE	CCUR?	in Baltimare City, gi	ve exocl locoti	an)
21 D TIME (Month) (Doy) (Ye OF INJURY (APPROX.)		E. INJURY OCCURRED HILE AT NOT WOORK AT WE	VHILE	DID INJURY	OCCUR?		
I certify that I held an resulted fram: Natural c	Inquiry A	Inspection X Autoccident Sulcide	apsy and th	Und ICAL EXAM	MINER X	er 🗌	DATE SIGNED
EXAMINER J WATTA	r'U. Spit	z, M.D.	ASSOCIATE MED	TOAL EXA	MINER	0/2//	67
NAME (Type)		. NAME of CEMETERY OF	CREM ATORY	23 D. 100	ATION (City	lown, or coun	
NAME (Type) A. BURIAL CREMATION, 238 DATE MOVAL (Specify) Burial 8-31	2330	Arlington N		23D. LOC	ATION (City,	town, or coun	

STIPLICATE CO. DO.

The state of the s

S H-1		67. 8238	3	TE OF DEATH Registered	67 8238
death death ceased on the	1.1 (Ty	LASE NO. IAME OF DECEASED MR Hicks,	Horry	2. DATE AND HOUR OF D	2.30 am.
hospit use of (5) De ance death		FULL NAME OF (If not in hospital or institution, groddress or location) NSTITUTION		A. STATE B. COUNTY C. CITY OR TOWN (If outside city limits,	d. If institution: residence before admission write RURAL and give township)
ed in a tring card cause; r attend prior to	1	Monion Memorial Hosp 33 2 o Calvert- 86; 2	ntol 1216	D. STREET ADDRESS (If rural, give locations)	on) Avenue
ntribu rmine egula ssed		sex " " " " " " " " " " " " " " " " " " "	DIVORCED (specify)	8. DATE OF BIRTH 2/2//1877. 9. AGE (In year lost birthday) 90	s If Under 1 Yr. If Under 24 Hrs Months Days Hours Min,
eath or condete	do	100110	susiness or industry	11. BIRTHPLACE (Stote or foreign country) Maryland	12, CITIZEN OF WHAT COUNTRY?
direct direct (4) U h wa		FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
assistan if the diny kind; and deat dance or	170	Was Deceased Ever in U. S. Armed Forces? s, no or unknown) (If yes, give war or dates of service)	6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
IMPOI or his as Also, if e of any nounced attenda	3	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	CAUSE O		INTERVAL BETWEEN ONSET AND DEATH
DIRECTOR: ical examiner. is, (3) A fractur cian who pror as in regular		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	(B)	neuminà. old age, tim cosmo	121
hief medica medica medica sody burns he physic resician was expensed.	ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A-DATE OF OPERATION 1988. CONDITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES,	WERE FINDINGS CONSIDERED
FUN tal by a y; (2) Bo here the	AL CERTIFIC	WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. P OR CONTRIBUTING CAUSE OF home, etc.)	LACE OF INJURY (e.g., in form, factory, street, of	/ /	G CAUSES OF DEATH?
hospi nature cept w	MEDIC	(APPROX.) While		2 . 2 . h . ·	of 1 of 2.30ar.
e appred to the of any tal (ex th); arr	0	22. I certify that (1) (this hospital) attended the that (1) (we) last saw the deceased alive an and haur and fram the causes stated above. (1)			r) apinian death accurred an the da
must be eleased ccident to deat		23A. SIGNATURE MASSA.	M.D. Atte	ending Med. Staff Phys. Staff	8/25/67 9.40
ficate was r A at c	•	23C. PHYSICIANS YEKEAYE' AS SERY A		THE UNI ON MEMORIA	
This certificat the body was shows: (1) An was D.O.A. at deceased price	24	A BURIAL CREMATION, 248, DATE 24C. NAI REMOVAL (Sportly) A. DATE REC'D BY HEALTH DEPT. 258 NAME OF	REGISTRAR	250 TUNERAL DIRECTOR	(City, town for county) (Stole)
F = 2 2 2 3		AUG 28 1967 (P. 2.35 5	, Starley MAI	1 muyes Henury to	NI LINE

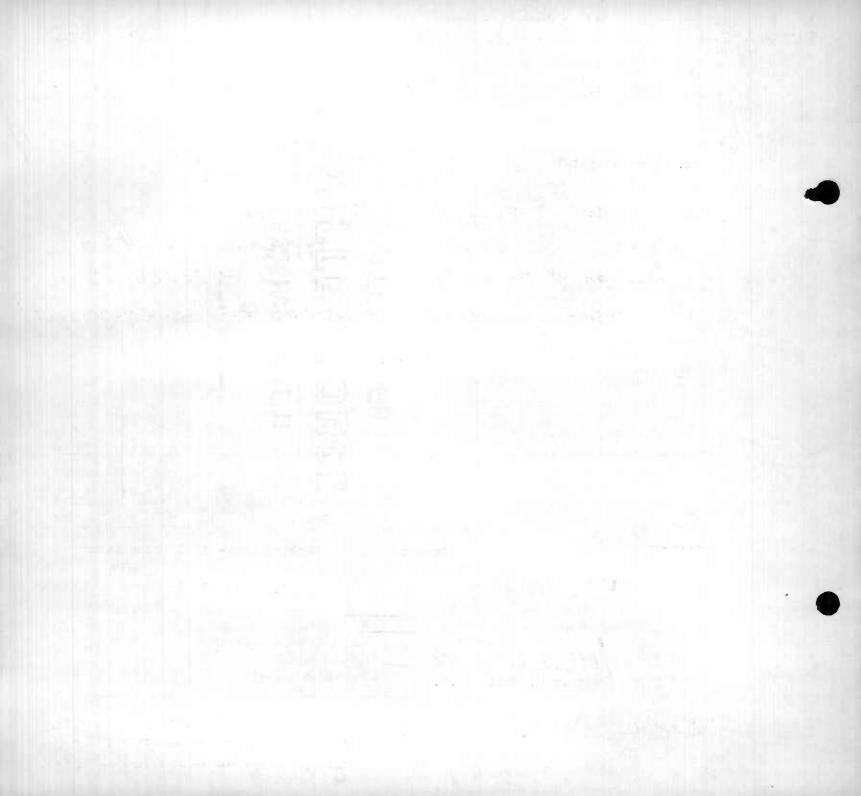
المحمدة السحود Union Memorial Hospital 3902 Souden menus 337 1 Cubrest St. 21218 who white simple 2 A11873 40 NONE NOW Maryland American meimmine old experter commun 8/22/ 8/20 67 8/25/ 12 455417 the court adapt of the transmission will also the Belleville without sometime

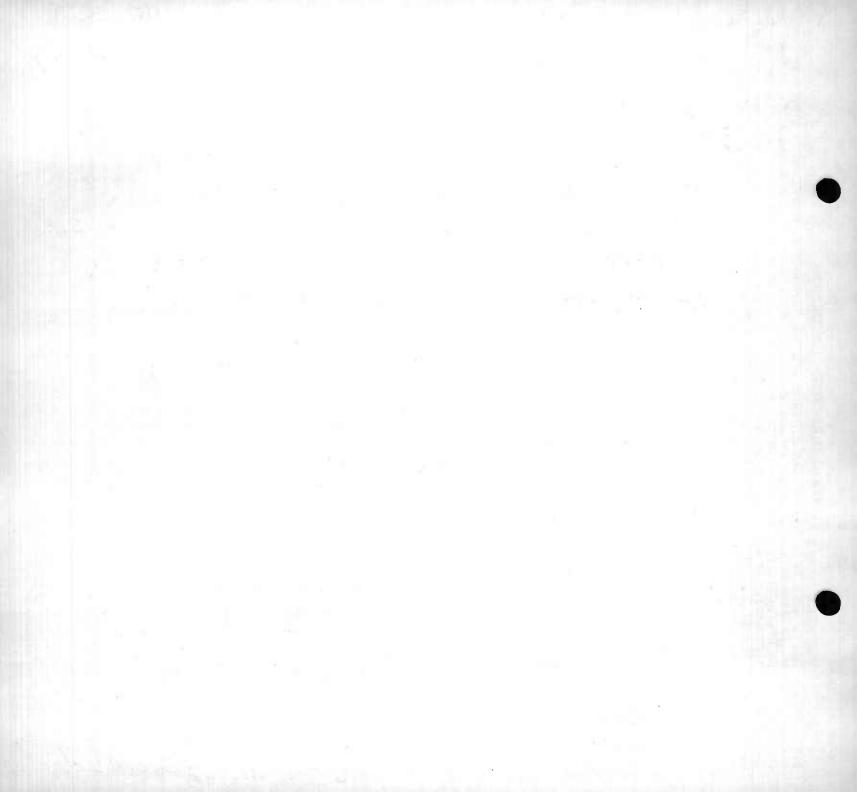
M.E. CASE NO.

67. 8239 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 7 8239

1.	NAME OF DEC	EASED				2. DATE AND HOUR PRONOUNCED	DEAD
(1y	RUSSE	LL WILLS	N	HARDESTY		August 26, 1967	8:00 P. M.
3. 1		IMORE, MARYLAND, W			4. USUAL RESID	ENICE (MILES Assessed Board III in attent	ian: residence befare admission)
HC	LL NAME OF	(IF NOT IN HOSPITA ADDRESS OR LOCA	L OR INSTITU	ITION, GIVE STREET	C. CITY OR TOW	VN III autside carparate limits, write R	URAL and give tawnship)
INS	TITUTION				Ba1	timore	20-09
.5	St. Agn	es Hospital				ESS (If rural, give location)	
						cHenry Street	
5. !	SEX	6. RACE		NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Manths Days Haurs Min.
_	Male	White	Sin	rgle	Oct.	1,1936 30	
		JPATION (Give kind af wark varking life, even if retired)			NY 11. BIRTHPLACE	State ar foreign country)	WHAT COUNTRY?
12	FATHER'S NAM	NE	No	OWE	14. MOTHER'S MA	AIDEN NAME	4-J-H.
٥.	A INC.	1	4.	1+	14. MOTHER'S MI	AIDEN NAME	
15.	WAS DECEASED	OSEPH W.	FORCES?	16.50 CIAL	17. INFORMANT	LEW M. MELC	ADDRESS
	s, na ar unknawn)	(If yes, give war ar date		SECURITY NO.		, , , ,	/
	NO	NENE		NONE.		HARLESTY 2531	6 McHENRY St.
	18. = 9	/ 6 iX		CAUS	E OF DEATH		ONSET AND DEATH
	DISEAS	LEADING TO DEATH	RECTLY	Cuncho	t Wound of	Неад	
	(This does n	at mean the made of asthenia, etc. It means	dying, e.g.,	DUE TO	E Would OI	Head	22
	injury or con	nplication which caused o	leath.)				
	A	NTECEDENT CAUSES		483			
	DISEASES (OR CONDITIONS, IF A	NY, GIVING	DUE TO	00 PIO 0 PIPE 000 000 00 00 00 00 00 00 0		
_	UNDERLYIN	IG CONDITION LAST.		(C)			
Ó		It			***************************************		
CAT		VIFICANT CONDITIONS					
Į E		DEATH BUT NOT REL R CONDITION CAUSING		HE		***************************************	
CERTIFICATION	19A. DATE OF	OPERATION 198, CON WAS PERI		WHICH OPERATION	20 A. AUTOPSY? Yes	(Yes at No.) 20B. IF YES, WERE FIND IN CERTIFYING CAUSES	
X	21 A. EXTERNAL	CAUSE WAS	21B.	PLACE OF INJURY (e.g.,	in ar about 21C. W	HERE DID (If in Baltimare City, give	exact location)
EPIC	UTING CAU	SE OF DEATH.	etc.)	, form, factory, street, Street	Pa	rking Lot - 1501 Ca	ton Avenue
Σ	21D TIME	(Manth) (Day) (Year	Hour 2	1E. INJURY OCCURRED		W DID INJURY OCCUR?	
	(APPROX.)	8/21/67 11	:10 pm. V	VHILE AT NOT	WHILE X S	Subj. shot self in h	ead
	22.				759		
		ify that I held an I				that an this basis, death in my	
	result	ted fram: Natural cau	ISCS A	ccident Suicio			
	ACTUAL	- 11010	, ,	5 2		EDICAL EXAMINER	DATE SIGNED
	SIGNATI		747	Mot	,	EDICAL EXAMINER X	8/27/67
	EXAMIN NAME (1		U. Spit	Z, M.D.	ASSOCIATE M	EDICAL EXAMINER	0/21/01
	BURIAL CREA	MATION, 238 DATE	23	NAME OF CEMETERY	or CREMATORY	23 D. LOCATION (City, to	own, ar county) (State)
KEI	MOVAL (Specify	8-30-	-67	1 and an	Pask	BALTIMORE	141
24/	A. DATE REC'D	BY HEALTH DEPT.	248 NAME	OF REGISTRAR	24C. FUNERA		Le ADDRESS
		5110 00 1007		0 7 0	6 60.L.	- Charle of the	D & Com
Ve	161-DEV 1/1/	AUG 28 1967	120 B	E tables	Mana	101 M. Mules 2101 /81	cours are.
A 2	151-REV. 1/1/6	N 8-5	3 from	3	. 0		





VS 150-REV. 1/1/65

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PHILIP PI, TEBD

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MR. Colin D. BELL SOY LAKE HE

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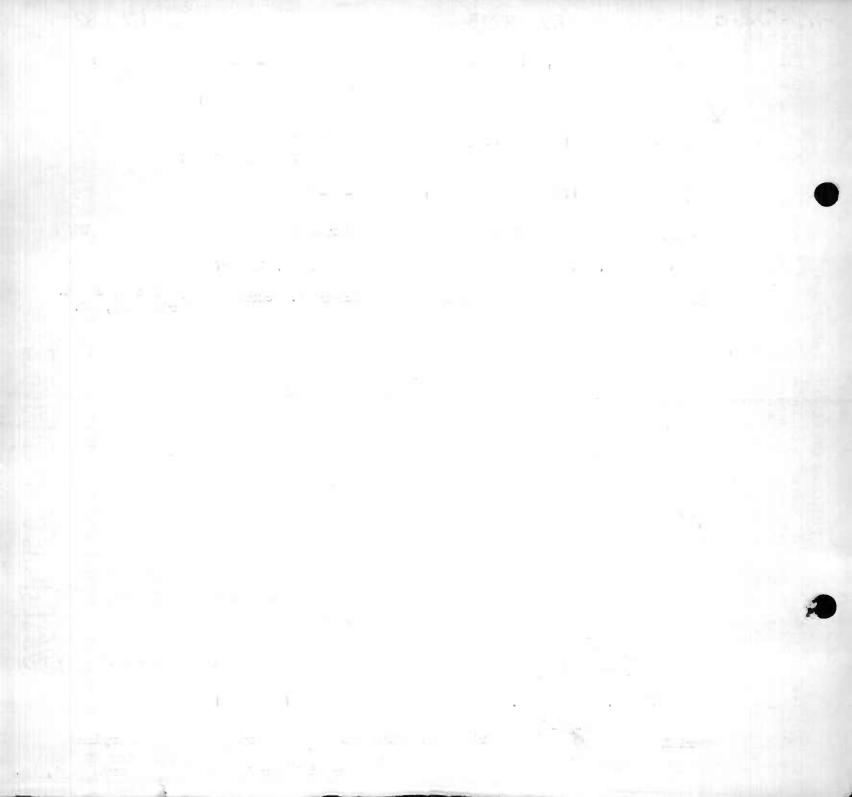
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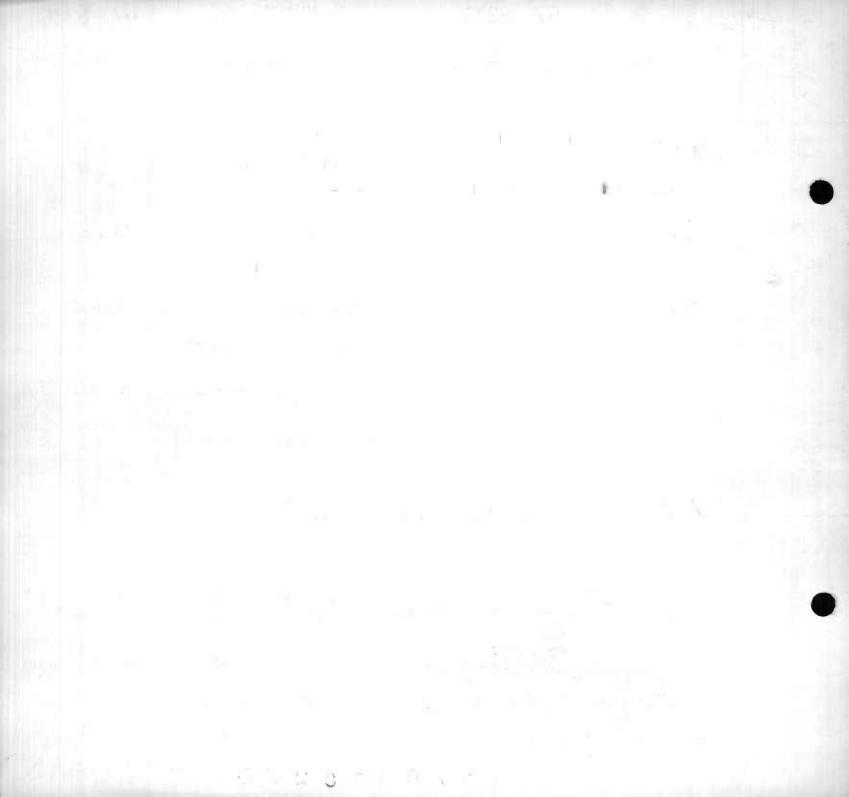
BALTIMORE CITY HEALTH DEPARTMENT



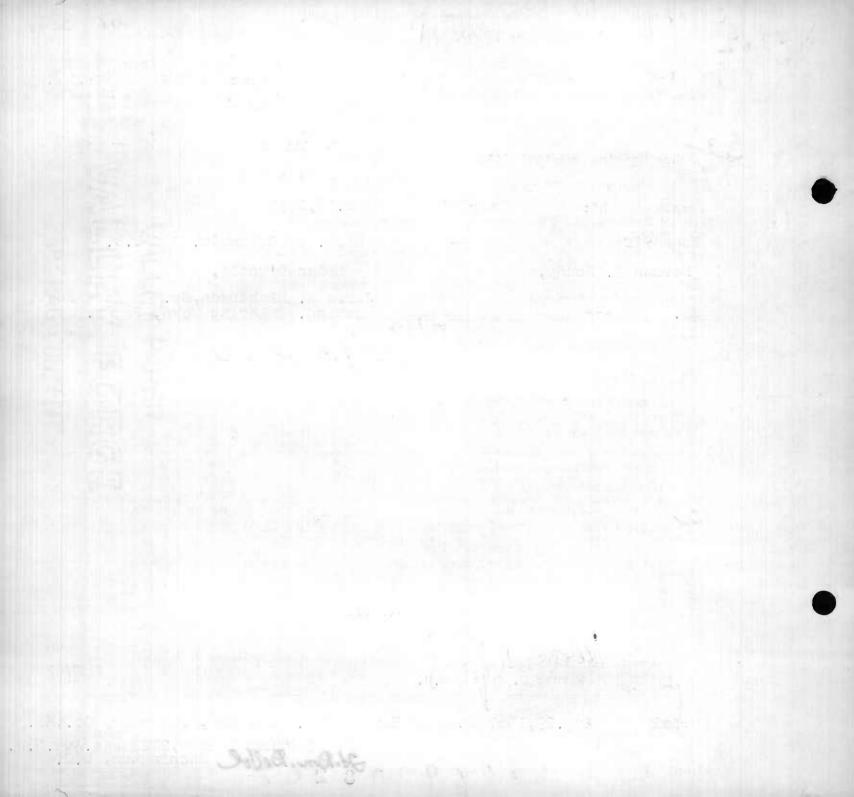
VS 150-REV. 1/1/65



3	sed the Such	BIRTH NO. M.E. CASE NO. CERTIFICA	ATE OF DEATH Registered No.	67 8246
1000	of death Deceased te on the ath. Such	1. NAME OF DECEASED (Type of Print) LANCHE COLDEICH 3. PLACE OF DEATH IN BALTIMORE, MARYLAND	2. DATE AND HOUR OF DEATH Reg 25, 196 4. USUAL RESIDENCE (When deceased lived, If in A, STATE B. COUNTY	7 4 3 DT M. stitution: residence before odmission)
h 0 6 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	use (5)	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or lacotion) INSTITUTION	MARYLAND C. CITY OR TOWN (If outside city limits, write I	RURAL ond give township)
	d cau	THE JOHNS HOPKINS HOSPITAL	D. STREET ADDRESS (If rurol, give location)	×1-40
	ontribu ermine regular eased is mad	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WINDWED DE CONTROL (specify)	B. DATE OF BIRTH 3-13-93 O, AGE (In yeors lost bigh day)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
d the	or condet	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR done during most of working life, even if retired)	Y 11. BIRTHPLACE (State or foreign country) MARYLAND	12. CITIZEN OF WHAT COUNTRY?
NT IT	direct 1; (4) U th wa on the dispos	HERMAN GLASS	RACHEL FRIED	
4	the kind dear	15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT HUSBAND	SAME
IMPORT r his assis	lso, if of any ounced thenda	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
R:	prono prono ular at mbalm	(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	Parkabla Duralia	Sanal day
RECTO	examin (3) A fra n who in regu	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION lost.	TEMPTYS'S anewice	inks weeks to
AL DI	burns; burns; hysicia In was remain	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	aona of (2) Breast	20 ins ago
FUNER.	by a () Body e the shysici ore th	198. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.,	in or about 27C. WHERE DID (If in Boltimore	FINDINGS CONSIDERED USES OF DEATH? City, give exact location
t vd b	ospital sture; (2 ot wher (6) No p	DEATH (notify medical examiner) etc.) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY	office bidg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	
porove	any no (except); and	22. I certify that (1) (this haspital) attended the deceased fram	8/22/9 19 67 to 6	19 67 ,
st be a	ased dent o ospita death must b	and have and from the causes stated above. (1) (We) (did)/(did not)	view the body after death.	23B. DATE SIGNED
ate mu	y was rele (1) An accid 3.A. at a had prior to approval r	23C. PHYSICIAN'S NAME (Type)	Med. Stoff Phys.	1 stug 25, 1967
ertific	TO O C	24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CO	7011103 1101	ty, town, or county) (State)
This	the bod shows: was D.C decease written	25A, DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR AUG 29 1967 Poleut & Stanburmi	25C. FUNERAL DIRECTOR Sylvan S. Lews & So	- INC ADDRESS
		VS 150-REV. 1/1/65	V (m)	

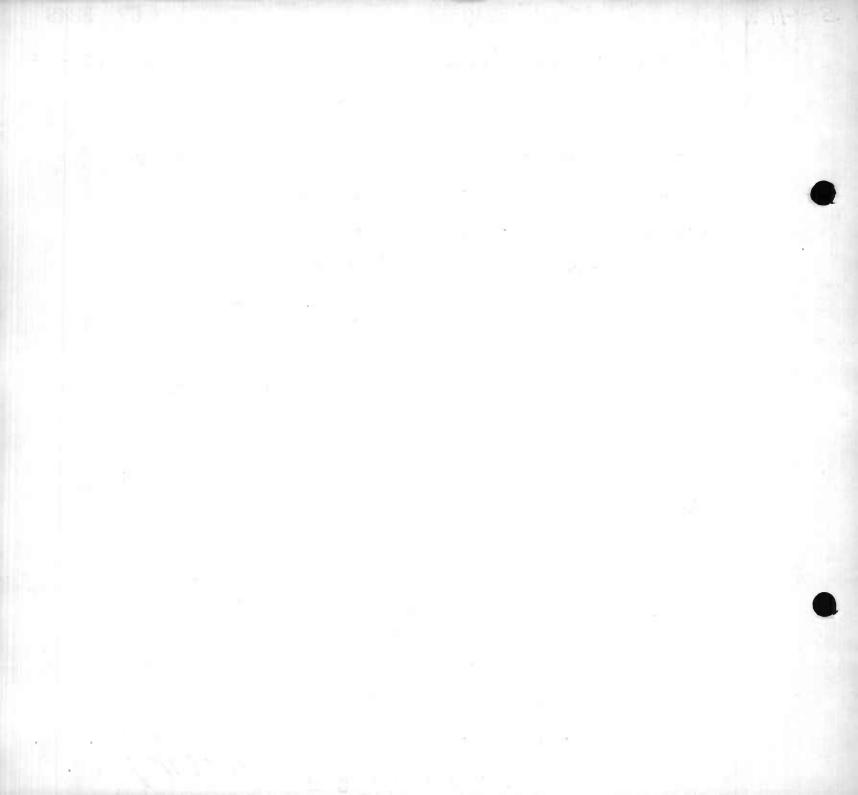


	67	3247	BALTIMORE CITY HEA	LTH DEPARTMEN	IT		6	7. 8247
BIRTH NO.	MED	ICAL EX	AMINER'S C	ERTIFICAT	E OF D	EATH Registe	red No	0241
M.E. CASE NO.								
Type or Prior HELEN	ROD		NICKERSON		Augu	st 26, 1967	7 1	2:05 P. M.
3. PLACE IN BALT	IMORE, MARYLAND, V	HERE PRONOL	INCED DEAD	4. USUAL RESID	ENCE (Where d	eceased lived. If ins B. COU	itution: rosiden JNTY	nce before odmission
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	TION, GIVE STREET		ylvania	corporate limits, write	e RURAL ond	give township)
INSTITUTION	ADDRESS OR LOC	A HON			ttown		1/_	30
Johns H	lopkins Hospi	ta1 (DOA	(1)	D. STREET ADDE		give location)	1	9.3
9				56 H	lawk Road	d		
5. SEX	6. RACE		NEVER MARRIED DIVORCED(specify)	B. DATE OF BIRTH		9. AGE (In years lost birthdoy)	If Under 1 Months Dr	Yr. If Under 24 Hrs
Female	White	Mar	ried	Apr.16,	1931	36		
done during most of v	working lite, even if retired)	k TOB. KIND OF	BUSINESS OR INDUSTR				12. CITIZEN WHAT	OF COUNTRY?
Housew	ife			Dist.		umbia.	U.S.	
13. FATHER'S NAM				14. MOTHER'S M.		210		
	n L. Roddy		16. SO CIAL	17. INFORMANT	n O'Too) T C 9	ADDRESS	
	(If yes, give wor or do		SECURITY NO.	James A	. Nicke	erson, Sr.	35 Ha	wk Road,
No.					. Le	vitt Town		
18. 79	5151		CAUS	E OF DEATH				NTERVAL BETWEEN
(This does in heart failure, injury or con	LEADING TO DEAT not meon the mode of osthenio, etc. It meon application which coused	f dying, e.g., s the discose,	DUE TO	Inditer	men			
DISEASES	OR CONDITIONS, IF	ANY, GIVING	(8). DUE TO	00 00 00 00 00 × 1 00 00 00 × 1 000 000			******	000 00 000 000 000 00 00 00 00 00 00 00
	E ABOVE CAUSE (A) :							
NO			(C)					-y6
O TO THE	II NIFICANT CONDITIONS DEATH BUT NOT R R CONDITION CAUSIN	LATED TO T						
DISEASE O	OPERATION 19B, CO	NDITION FOR V	WHICH OPERATION	Yes	1	OB. IF YES, WERE FIN CERTIFYING CAU		
UNDERLYING	CAUSE WAS OR CONTRIB- SE OF DEATH.	21 B. home etc.)	PLACE OF INJURY (e.g., , form, factory, street,	in or obout 21C. W	HERE DID (III	in Baltimore City, g	ive exact loco	tion)
21D TIME OF INJURY	(Month) (Day) (Ye	or) (Hour) 2	1E. INJURY OCCURRED	21 F. H.C	OM DID INJUI	RY OCCUR?		
(APPROX.)			VHILE AT NOT	WHILE WORK				
22.	tify that I held on			47	that on this	bosis, deoth in	my onlalon	
	ted from: Natural co		sccident Suicid			ndetermined mann		
10301	4	,0303	Soleti		EDICAL EXA			
ACTUA		0 1	7 7/-	ASSISTANT MI				DATE SIGNED
SIGNAT EXAMIN NAME (ER'S Werne	r U. Spi	itz, M.D.	ASSOCIATE M				8/27/67
23A. BURIAL CRE	MATION, 23B. DATE	23	C. NAME OF CEMETERY	or CREMATORY	23D. LO	CATION (City	, town, or cou	enty) (Stote)
Burial		9,1967	Gate of He	aven Cem	Whe	aton, Mont	comers	Z Co. Md
	BY HEALTH DEPT.	24B. NAME		24C. FUNERA	AL DIRECTOR		ADI	DRESS
	AUG 29 1967	Robert	E, Falleyma	De Vol	Funer	Al Home, 2 Washi	2222 Wilngton	Ls.Ave.N. D.C.
VS 151-REV. 1/1/	65	7 0	1 12	0 8 9	()			1



2 9 April of Lad NEWS RELEASE Sugah Auri Zeller Remard S Dockett Round & Buckery 912 Banking 0.01 Just of the little of the state of the said of the

VS 150-REV. 1/1/65

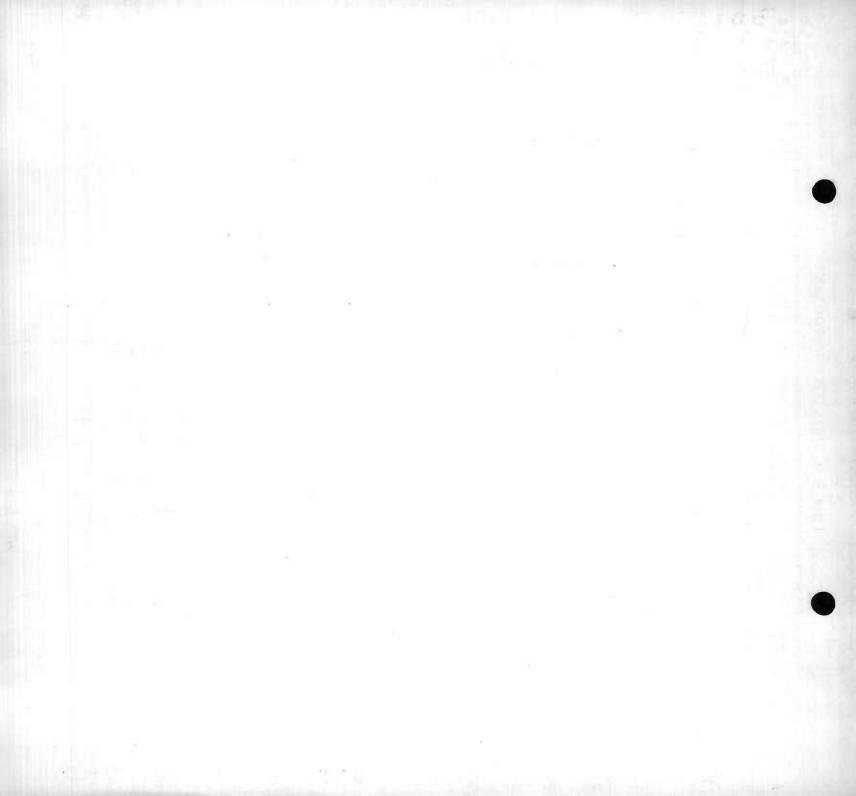


T C M	RTH NO. LE CASE NO. Petroul CERTIFICATE OF DEATH Registered No. 67 825
S (T	NAME OF DECEASED PLACE OF DEATH IN BALTIMORE, MARYLAND PLACE OF DEATH IN BALTIMORE, MARYLAND PLACE OF DEATH IN BALTIMORE, MARYLAND 14. USUAL RESIDENCE/(Where deceased lived, If institution; residence before or
death	FULL NAME OF (If not in hospital or institution, give street) A. STATE B. COUNTY M. STATE
r attend prior to e.	INSTITUTION Oddress or locollon) O. CITY OR TOWN (If outside city limits, write RURAL and give township) D. SYREET ADDRESS (Ill rural, give locollon) 8631/2 W. Lombard St.
B 70	SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 1 WIDOWED DIVORGED (specify) Wonths Doys Hours
- O E	A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
. P:=	House rife at Home Lithuania U.S.A.
두 등 전 15	Wos Docooled Ever in U. S. Armed Forces? 65, no or unknown](If yes, give wor or doles of service) SECURITY NO. 17. INFORMANT ADDRESS FOR
dance or finol	18. 4 20. 1 CAUSE OF DEATH CAUSE OF DEATH CAUSE OF DEATH ONSET AND DE
ottenc med o	LEADING TO DEATH (A) Acute royo son deel
pron ular mbair	(This does not meon the mode of dying, e.g., heart failure, astheria, etc. It means the disease, injury or complication which caused death.)
in regu	DISEASES OR CONDITIONS, if ony, giving tise to the obove couse (A) stoting the UNDERLYING CONDITION lost.
physicic an was remain	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
the ysici e the	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
000	J 27A. A CCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in or obout 27 C. WHERE DID (If in Boltimore City, give exect location) home, lorm, factory, street, office bldg., INJURY OCCUR?
(6) ined	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Work At Work
(exce); and e obto	22. I certify that (1) (this haspital) attended the deceased fram 1953 to 19 that (1) (we) last saw the deceased alive an 1967 and that in(my) (aur) opinion death occurred an
death nust b	and haur and from the causes stated abave. (I) (We) (did) (did nat) view the bady after death. 23A. SIGNATURE 238. DATE SIGNED
or to	23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS
A d prince	AA BUDIAL CREMATION 248 DATE 246 NAME OF CEMETERY OF CREMATORY 240 LOCATION (City love of south)
was D.O. deceased written a	Burial 8/30/67 Holy Roleamer Com. 9430 Belair Rd. SA. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTERAR 25C. FUNERAL DIRECTOR AUG 29 1967 P. O. D.
\$ 0 \$	AUG 29 1967 Robert 2. sadeut a John Coman & Son Inc. Holles

FUNERAL DIRECTOR: IMPORTANT



BIRTH NO. M.E. CASE NO.	0	1 2 2	BALTIMORE CIT			67 8251
		7 82.	CERTIFICA	ATE OF DEATH	Registered No	
	EASED	1		2. DATS AF	ND HOUR OF DEAT	H_
Type or Print)	Brada	BeHy		8/26	1/2 /25	S. P.
PLACE OF DE	ATH IN BALTINORE, MA	ARYLAND V		4. USUAL RESIDENCE (Whe	ere deceased lived. If	institution: residence before admission
				A. STATE 8. COUN	NTY	0 11
FULL NAME O	OF (If not in hospital oddress or location	or institution,	give street	MANJLAND		Bull Di
INSTITUTION	, .			C. CITY OR TOWN (11 Chings Mills		e RURAL ond give township)
22 .	Hospital 8.	001	1	0		03-00
DINA.	יש ימדיקצסדן	1 ACI	1200	1	rurol, give location)	
					nos lan	۷
. SEX	6. RACE	MARRIED.	NEVER ACCEPTED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Doys Hours Min.
-	w			10/14/1/12	31	
	UPATION (Give kind of wor working life, even if retired)	k 108, KIND OF	BUSINESS OR INDUSTR	RY 11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
House	. 0	177 (31)		Owing Mills	MJ	a s
3. FATHER'S NA	1			Owings Mills,	AAF	u -
				Lillian Robi	nsort	
wille	um T. Sprinkl	.e		Sprin	icter.	
6. Was Deceased	Ever in U. S. Armed Fo	rces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT U	0	ADDRESS
No	,			Mr. Edward M.	Brady Onis	ros Mills. M.
18, 2, 2	0 V 1		CAUSE	OF DEATH		INTERVAL BETWEEN
00	SE OR CONDITION DI	DECTIV			11	ONSET AND DEATH
DISEA	LEADING TO DEATH		0.	barachurid	He	10 De 8/1-1
(This does	nof meon the mode of	dying, e.g.,	DUE TO	o side wier ca	(1000	7 10,000 8/35/6
	osthenio, efc. If means					
			/ P)			
	ANTECEDENT CAUSES		DUE TO		### 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
	OR CONDITIONS, if e obove couse (A)					
	G CONDITION lost.	slotting the	(C)		====0000=000000000000000000000000000000	
	11					
	IFICANT CONDITIONS (
		ATED TO TH				
	EATH BUT NOT RELA					
DISEASE OR	CONDITION CAUSING	NDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or N	ol 208. IF YES, WER	E FINDINGS CONSIDERED
DISEASE OR	CONDITION CAUSING		WHICH OPERATION	20A. AUTOPSY? (Yes or N	10 CERTIFYING	E FINDINGS CONSIDERED CAUSES OF DEATH?
DISEASE OR 19A.DATE OF 21A. ACCIDE	CONDITION CAUSING F OPERATION 19B. CON WAS PER	NDITION FOR A	PLACE OF INJURY (e.g.	in or about 21 C. WHERE DID	IN CERTIFYING	CAUSES OF DEATH?
DISEASE OR 19A.DATE OF 21A. ACCIDE OR CONTRIB	CONDITION CAUSING F OPERATION 198. CON WAS PER NT WAS UNDERLYING UTING CAUSE OF	NDITION FOR A	PLACE OF INJURY (e.g.	yes	IN CERTIFYING	Pe DEATH?
DISEASE OR 19A.DATE OF 21A. ACCIDE OR CONTRIBUTION DEATH (notify)	F OPERATION 198. CON WAS PER NT WAS UNDERLYING UTING CAUSE OF medical examiner	NDITION FOR N RFORMED	PLACE OF INJURY (e.g. ee, lorm, foctory, street,	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	fN CERTIFYING (Pe DEATH?
DISEASE OR 19A.DATE OF 21A.ACCIDE OR CONTRIBE DEATH (notify)	CONDITION CAUSING F OPERATION 198. CON WAS PER NT WAS UNDERLYING UTING CAUSE OF	21 B. hometc. (Hour) 21 E.	PLACE OF INJURY (e.g. e, lorm, foctory, street,	, in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	fN CERTIFYING (Pe DEATH?
DISEASE OR 19A.DATE OF 21A.ACCIDE OR CONTRIBE DEATH (notify)	F OPERATION 198. CON WAS PER NT WAS UNDERLYING UTING CAUSE OF medical examiner	21 B. hometc. (Hour) 21 E.	PLACE OF INJURY (e.g., le, lorm, foctory, street,	, in or obout office bldg., INJURY OCCUR?	fN CERTIFYING (Pe DEATH?
DISEASE OR 19A. DATE OF 19A. ACCIDE OR CONTRIBUTED DEATH (notify OF INJURY (APPROX.)	F OPERATION 198. CON WAS PER WAS UNDERLYING UTING CAUSE OF medical examiner) (Month) (Day) (Year)	NDITION FOR MED 21B, hometc, (Hour) 21E, Wh	PLACE OF INJURY (e.g., e, lorm, foctory, street, lorm) INJURY OCCURRED IN At Work	, in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltim	CAUSES OF DEATH?
DISEASE OR 19A. DATE OF 19A. ACCIDE OF CONTRIBUTION OF INJURY (APPROX.)	CONDITION CAUSING FOPERATION 198. CON WAS PER NT WAS UNDERLYING UTING CAUSE OF medical examiner! (Month) (Doy) (Year)	NDITION FOR MED 21B, hometc. (Hour) 21E, Wh.	PLACE OF INJURY (e.g., lee, lorm, foctory, street, lee) INJURY OCCURRED INJURY OCCURRED Not Wink At Work The deceased from	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltim	CAUSES OF DEATH? Ore City, give exact locotion)
DISEASE OR 19A. DATE OF 19A. DATE OF 19A. DATE OF OR CONTRIBUTE OF INJURY (APPROX.) 22. I certify that (I) (**)	CONDITION CAUSING FOPERATION 198. COM WAS PER INT WAS UNDERLYING CAUSE OF medical examiner) (Month) (Doy) (Year) That (1) (this haspite)	VENTION FOR A PROPERTY OF A PARTY	PLACE OF INJURY (e.g., le, lorm, foctory, street, linjury occurred lile At Not Work At Wo	in or obout 21 C. WHERE DID office bidg., INJURY OCCUR?	(If in Boltim	CAUSES OF DEATH? Ore City, give exact locotion)
DISEASE OR 19A. DATE OF 19A. DATE OF OR CONTRIBUTED OF INJURY (APPROX.) 22. I certify that (1) (3) and hour and one of the or o	CONDITION CAUSING FOPERATION 198. COM WAS PER INT WAS UNDERLYING CAUSE OF medical examiner) (Month) (Doy) (Year) That (1) (this haspita) I (last sow the decease d from the causes sta	VENTION FOR A PROPERTY OF A PARTY	PLACE OF INJURY (e.g., le, lorm, foctory, street, linjury occurred lile At Not Work At Wo	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltim	CAUSES OF DEATH? Fore City, give exact locotion) Solution 19 6.2 Spinian death accurred an the do
DISEASE OR 19A. DATE OF 19A. DA	CONDITION CAUSING FOPERATION 198. COM WAS PER INT WAS UNDERLYING CAUSE OF medical examiner) (Month) (Doy) (Year) That (1) (this haspita) I (last sow the decease d from the causes sta	VENTION FOR A PROPERTY OF A PARTY	PLACE OF INJURY (e.g., le, lorm, foctory, street, le, lorm, foctory, street, le, lorm, foctory, street, le, le, lorm, foctory, street, le, le, le, le, le, le, le, le, le, le	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR? 21 F. HOW DID IN.	(If in Boltim	ore City, give exact location) Signature 19 6.2 pinian death accurred an the do
DISEASE OR 19A. DATE OF 19A. DA	CONDITION CAUSING FOPERATION 198. COM WAS PER INT WAS UNDERLYING CAUSE OF medical examiner) (Month) (Doy) (Year) That (1) (this haspita) I (last sow the decease d from the causes sta	VENTION FOR A PROPERTY OF A PARTY	PLACE OF INJURY (e.g., lorm, foctory, street, lorm, foctory, street, lord) INJURY OCCURRED INJURY OCCURRED At Work A	in or obout 21 C. WHERE DID office bidg., INJURY OCCUR?	(If in Boltim	CAUSES OF DEATH? Fore City, give exact locotion) Signature 19 6.2. Spinian death accurred an the da
DISEASE OR 19A. DATE OF 19A. DATE OF OR CONTRIBUTED OF INJURY (APPROX.) 22. 1 certify that (1) (1) and hour an 23A. SIGN ATIVE 23C. PHYSICIA	CONDITION CAUSING FOPERATION 198. COM WAS PER INT WAS UNDERLYING CAUSE OF medical examiner) (Month) (Doy) (Year) That (T) (this haspito) last sow the decease d from the causes sta	VENTION FOR A PROPERTY OF A PARTY	PLACE OF INJURY (e.g., lorm, foctory, street, lorm, foctory, street, lord) INJURY OCCURRED INJURY OCCURRED At Work A	in or obout 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID IN. hile	(If in Boltim	ore City, give exact location) Signature 19 (2) pinian death accurred an the do
DISEASE OR 19A. DATE OF 19A. ACCIDE OF CONTRIBUTION OF INJURY (APPROX.) 22. I certify that (1) (2) and hour an 23A. SIGN ATI	CONDITION CAUSING FOPERATION 198. COM WAS PER INT WAS UNDERLYING CAUSE OF medicol examiner) (Month) (Doy) (Year) That (T) (this haspito) last sow the decease d from the causes sta	VENTION FOR A PROPERTY OF A PARTY	PLACE OF INJURY (e.g., le, lorm, foctory, street, le, lorm, foctory, street, le, lorm, foctory, street, le, lorm, foctory, street, le, lorm, le, l	in or obout 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID IN. 19 and the view the body after death. About Med. Director 123D. ADDRESS	(If in Boltim	ore City, give exact location) Signature 19 6.2 pinian death accurred an the do
DISEASE OR 19A. DATE OF 19A. DATE OF 19A. DATE OF OR CONTRIBUTE OF INJURY (APPROX.) 22. 1 certify that (1) (1) and hour an 23A. SIGNATI 23C. PHYSICIA NAME (1)	CONDITION CAUSING FOPERATION 198. COM WAS PER INT WAS UNDERLYING UTING CAUSE OF medical examiner) (Month) (Doy) (Year) That (T) (this haspito) last sow the decease d from the causes sta URE LANS Type)	(Hour) 21E, Wh wo	PLACE OF INJURY (e.g., le, lorm, foctory, street, le, lorm, foctory, street, le, lorm, foctory, street, le, lorm, foctory, street, le, lorm, le, le, le, le, le, le, le, le, le, le	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR? 21 F. HOW DID IN. 19 and the view the body after death. Attending Med. Director 23D. ADDRESS	(If in Boltim URY OCCUR? 19 6 2 to not in (my) (****) o	pinian death accurred an the do
DISEASE OR 19A. DATE OF 19A. DATE OF 19A. DATE OF OR CONTRIBUTE OF INJURY (APPROX.) 22. 1 certify that (1) (1) and hour an 23A. SIGNATI 23C. PHYSICIA NAME (1)	CONDITION CAUSING FOPERATION 198. COM WAS PER INT WAS UNDERLYING UTING CAUSE OF Medical examiner) (Month) (Doy) (Year) That (1) (this haspital) last sow the deceased from the causes stated the causes of the cause of the causes of the cau	(Hour) 21E, Wh wo	PLACE OF INJURY (e.g., le, lorm, foctory, street, le, lorm, foctory, street, le, lorm, foctory, street, le, lorm, foctory, street, le, lorm, le, l	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR? 21 F. HOW DID IN. hile	(If in Boltim JURY OCCUR? 19 2 2 to not in (my) (****) o Stoff Phys.	pinian death accurred an the da
DISEASE OR 19A. DATE OF 19A. DATE	CONDITION CAUSING FOPERATION 198. COM WAS PER INT WAS UNDERLYING UTING CAUSE OF Medical examiner) (Month) (Doy) (Year) That (1) (this haspital) last sow the deceased from the causes stated the causes of the cause of the causes of the cau	(Hour) 21E, Wh wo	PLACE OF INJURY (e.g., lorm, foctory, street, lorm, foctory, street, lord) INJURY OCCURRED INJURY OCCURRED	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR? 21 F. HOW DID IN. hile	(If in Boltim JURY OCCUR? 19 2 2 to not in (my) (****) o Stoff Phys.	pinian death accurred an the da
DISEASE OR 19A. DATE OF 19A. DATE 19A. DAT	CONDITION CAUSING FOPERATION 198. COM WAS PER INT WAS UNDERLYING UTING CAUSE OF Medical examiner) (Month) (Doy) (Year) That (1) (this haspital) last sow the deceased from the causes stated the causes of the cause of the causes of the cau	(Hour) 21E, Who wo oll) attended the ed clive on	PLACE OF INJURY (e.g., lorm, foctory, street, lorm, foctory, street, lord) INJURY OCCURRED INJURY OCCURRED	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR? 21 F. HOW DID IN. hile	(If in Boltim JURY OCCUR? 19 2 2 to not in (my) (****) o Stoff Phys.	pinian death accurred an the da
DISEASE OR 19A. DATE OF 19A. DATE 19A. DAT	CONDITION CAUSING FOPERATION 198. COM WAS PER INT WAS UNDERLYING UTING CAUSE OF Medical examiner) (Month) (Doy) (Year) That (1) (this haspital) last sow the deceased from the causes stated from the causes of the cause of the cau	(Hour) 21E, Who wo oll) attended the ed clive on	PLACE OF INJURY (e.g., lorm, foctory, street, lorm, foctory, street, lorm, foctory, street, lord, lord	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR? 21 F. HOW DID IN. hile	(If in Boltim JURY OCCUR? 19 2 2 to not in (my) (****) o Stoff Phys.	pinian death accurred an the da
DISEASE OR 19A. DATE OF 19A. DATE OF OR CONTRIBUTED OF INJURY (APPROX.) 22. I certify that (I) (C) and hour an 23A. SIGNATURE OF INJURY (APPROX.) 23C. PHYSICIA NAME (I) CREMOVAL (Burial	CONDITION CAUSING FOPERATION 198. COM WAS PER INT WAS UNDERLYING UTING CAUSE OF Medicol examiner) (Month) (Doy) (Year) That (M) (this haspito) last sow the decease of from the causes sta URE MATION, 248. DATE Specify) BY HEALTH DEPT. AUG 29 1967	(Hour) 21E, Who wo oll) attended the ed clive on	PLACE OF INJURY (e.g., lorm, foctory, street, lorm, foctory, street, lorm, foctory, street, lord, lord	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR? 21 F. HOW DID IN. hile	(If in Boltim JURY OCCUR? 19 2 2 to not in (my) (****) o Stoff Phys.	pinian death accurred an the de



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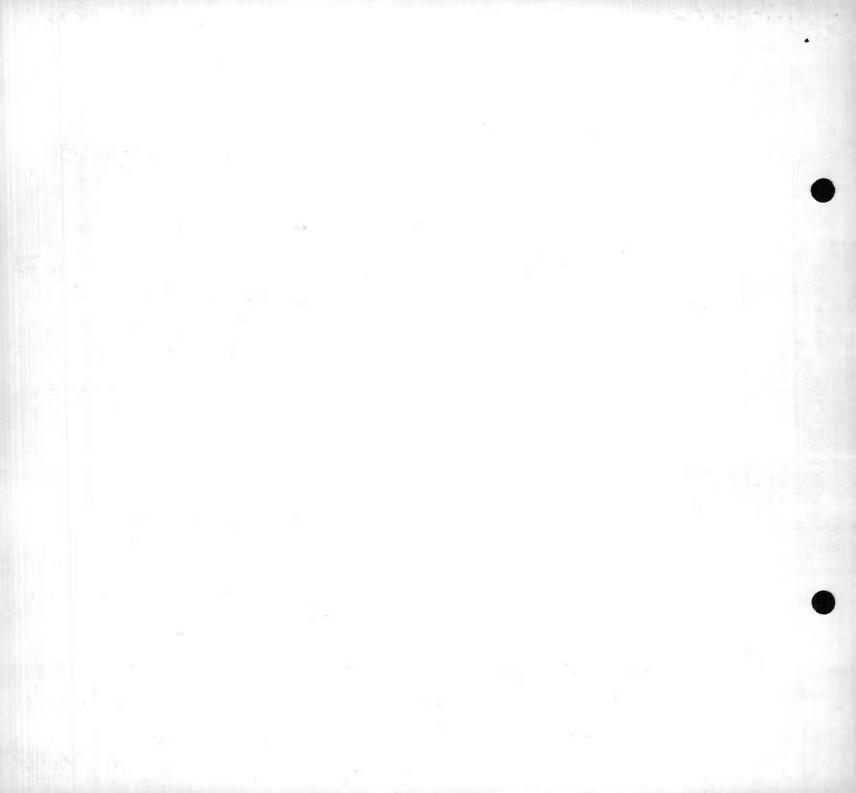
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IMPORTANT

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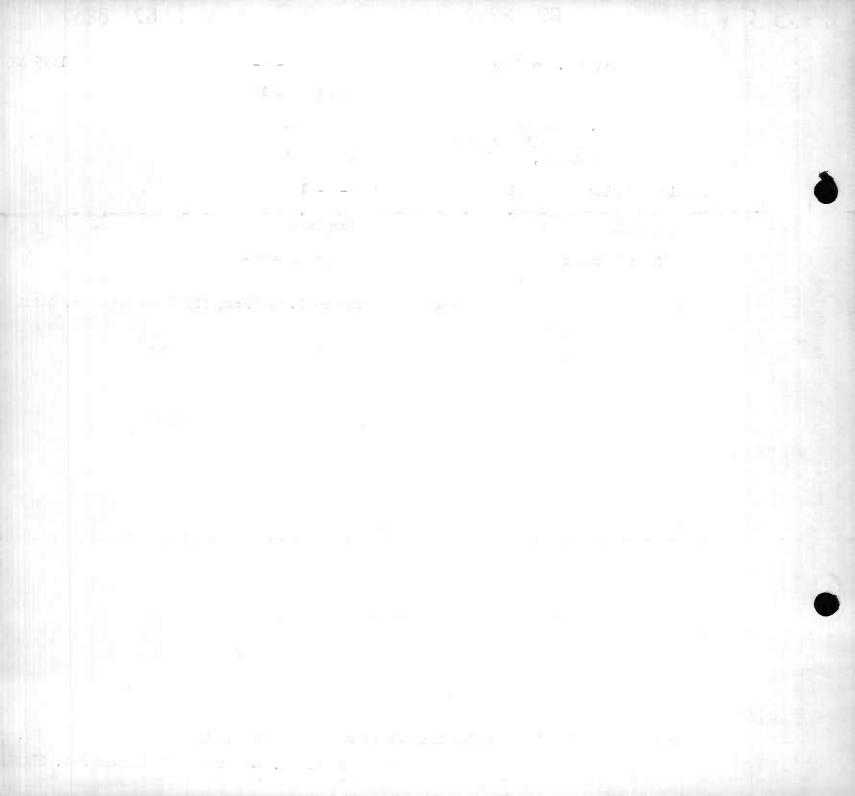


VS 150-REV. 1/1/65

Manufact Indian Frederick Johns Hope in Hospital 912 Cherokes Trail 3/8/54 Easle white pour morpiech Maryland USA 21:40 Harold Kehne Elizabeth ____ 10 ments No 2000 Death Regenerative Demyelanting Copy No in 165 32 yourse of 30 standard as 303 Mu Significant Matin & Myers 35 Claren (183

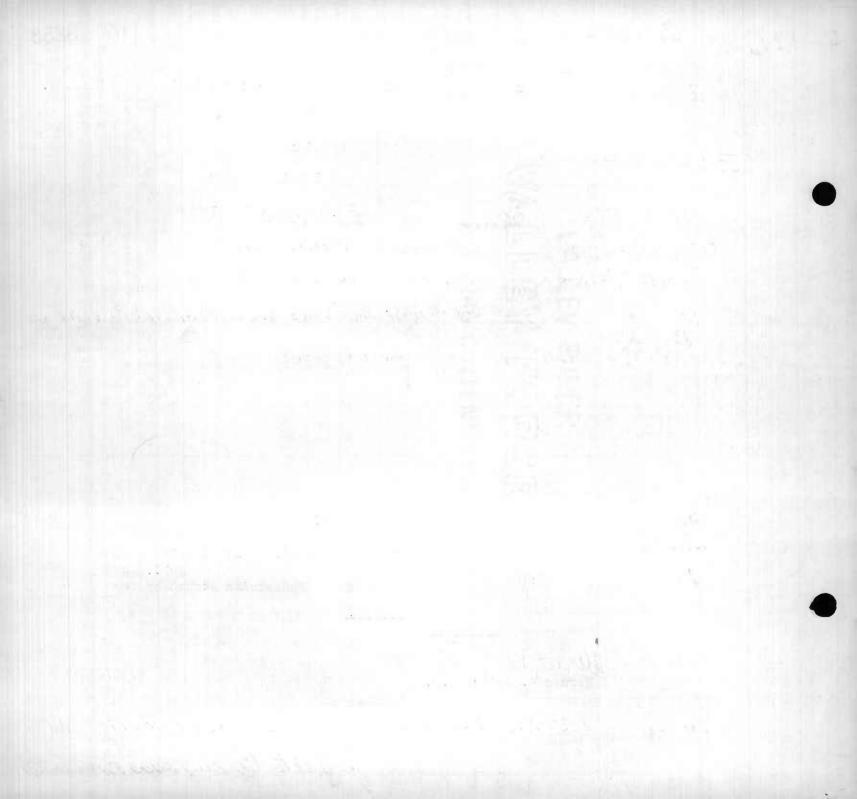
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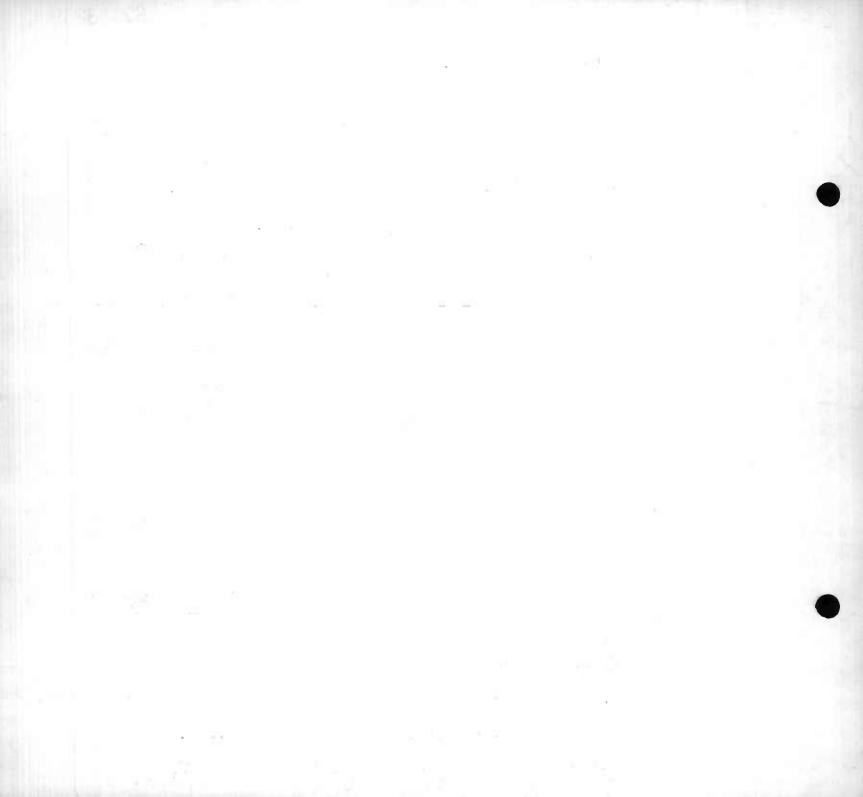
BALTIMORE CITY HEALTH DEPARTMENT

BIRTH N. 67 8258 MEDICAL EXAMINER'S CI	ERTIFICATE OF DEATH Registered No. 67 8258
M.E. CASE NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD
	FORD August 27, 1967 12:01 A.M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY Maryland
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) IN STITUTION	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
	Baltimore 26-03
Johns Hopkins Hospital	D. STREET ADDRESS (If rurol, give locotion) 4201 Seidel Avenue
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs.
Male White MARRIED	3-16-1895 lost birthdoys Months, Doys, Hours, Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if refired) RETURED SALASMAN SOFT DRINK	
13, FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JAMES PATRICK CLIFFORD	MARY ANNA BURNS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown), (If yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT ADDRESS
2112 -60,2/01	MR. JAMES W. CLIFFORD 6612 RAVENHUL RI
	OF DEATH INTERVAL BETWEEN
E 1/2 +1	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH M11	ht-1- Tolomica
(This does not meen the mode of dying, e.g., DUE TO	tiple Injuries
heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
UNDERLYING CONDITION LAST.	
(C)	
E CONTRIBUTION CONTRIBUTION	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING IT.	
19A, DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
WAS PERFORMED	Yes Yes
✓ 21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., homo, form, foctory, steet, company of the company of t	in or obout 21C. WHERE DID (If in Boltimore City, give exact location)
O WING CAUSE OF DEATH. etc.) Street	Belair Rd at Nicholas Avenue
21D TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	
OF INIURY 0.10	WHILE IVI Pedestrian struck by cab
22.	opsy X and that an this basis, death in my opinion
resulted fram: Natural causes Accident X Suicid	Hamicide Undetermined manner
Accident (4)	
ACTUAL MAL OLO STATE	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE MUSICAL M.D.	ASSISTANT MEDICAL EXAMINER K
EXAMINER'S Werner U. Spitz, M.D.	ASSOCIATE MEDICAL EXAMINER 8/27/67
23A, BURIAL CREMATION, 23B, DATE 23C, NAME OF CEMETERY	CREMIATORY 23D. LOCATION (City, town, or county) (Stote)
REMOVAL (Specify) 8-30-617 BOLTINGER	ENOTIA- POLIZA MI
BURIAL 8-30-1967 DALTIMORE	E. NORTH AUE DALIO, MIG.
24A, DATE REC'D BY HEALTH DEPT. 24B, NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS
AUG 29 1967 Robert E. Larbeymin	Valtala blisqui Bola D
VC 161 REV 1/1/45	A STORES COLUMN 174 DECHINA



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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the hody was released to the hospital by a medical examiner. Also if the direct or contribution cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	vectoused prior to dearin); and (b) two priystrian was in regular affectables on the deceased pri written approval must be obtained before the remains are embalmed or final disposition is made.
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NATI NO.	67	8259	BALTIMORE CITY	TE OF DEATH	egistered No	67 8259
M.E. CASE NO.		0.00	CERTIFICA	IL OI DEATH		Under
NAME OF DEC				2. DATE AND HO		
	0'Bryan,	Miss Ma	ry C.		t 25, 1967	
	ATH IN BALTIMORE, MA			4. USUAL RESIDENCE (Where deco	eased lived. If insti	itution: residence befare admiss
FULL NAME O HOSPITAL OR INSTITUTION	OF (If nat in haspital address at location		ive street		city limits, write RU	IRAL and give tawnship)
an				Baltimore D. STREET ADDRESS (If rural, o	give lacation)	53-00
Hou	use in the Pi	nes		3510 Old Post Dr		
. SEX	6. RACE		NEVER MARRIED , DIVORCED (specily)	last hi	E (In years	If Under 1 Yr. II Under 24 Manths: Days Hours Mir
female	white	single		1/31/90	77 yrs.	
		10B. KIND OF	BUŠINESS OR INDUSTRY	11. BtRTHPLACE (State at fareign cau	untry)	12. CITIZEN OF WHAT COUNTRY?
Housekee	warking lile, even if retired)			Baltimore, Md.		WHAT COUNTRY?
3. FATHER'S NAA		1.		14. MOTHER'S MAIDEN NAME		
	Patrick O'E	Brien		Mary Dan	nenman	
Was Deceased	Ever in U. S. Armed For	ces?	1 6- SOCIAL	17. INFORMANT		ADDRESS
	(If yes, give war ar date		SECURITY NO.	7 7 7	7 -1	ما ما ما ما ما ما ما م
no		2	19-05-5870 A	Mrs. Joseph Go	Laenberg,	
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	SE OR CONDITION DIE LEADING TO DEATH	RECTLY	m.	Lati Com	1 4	Que 117
1	at mean the made of	dvina e a	(A) MULA	stic Carcinima -	CKRUT	
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FUNERAL DIRECTOR: IMPORTANT

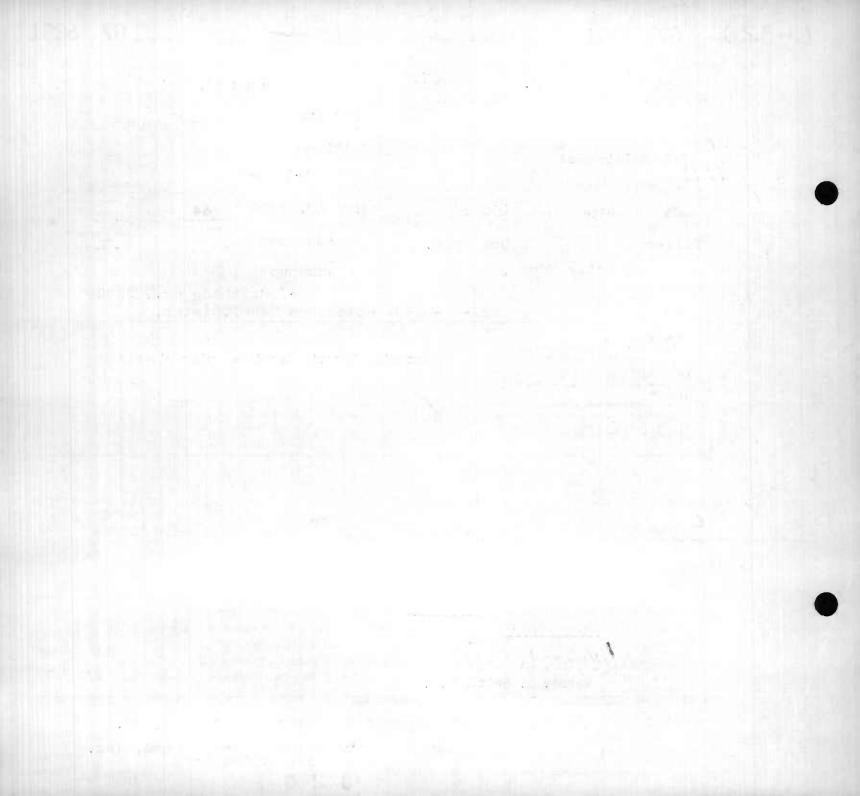
BIRTH	NO.	67	8	260 CERTIFICA	TE OF DEATH	Registered No.	67 8260
M.E. (CASE NO.	EASED			2. DATE A	ND HOUR OF DEATH	
туре	6	ERNHARD	TT.	SURESCH			967 1:25 P.M.
		ATH IN BALTIMORE, MA			4. USUAL RESIDENCE (Wh A. STATE B. COU MARYLA	NTY	institution: residence before odmission)
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	1	BALTIMORE	- m	D	3309 EL	MORA HU	1/6
5. SEX		6. RACE	WIDO	NED, NEVER MARRIED WED, DIVORCED (specify)	B. DATE OF BIRTH APR. 23, 1892	9. AGE (In years lost birthdoy)	If Under 1 Yr. 11 Under 24 Hrs. Months Doys Hours Min.
one d	uring most of	working (ile, even if retired)	10B, KIND	OF BUSINESS OR INDUSTRY	Baltimore		12. CITIZEN OF WHAT COUNTRY?
	THERS NAM				MARY LAN		USA
		RT SURES	CH		LA VINIA	LIST	
5. We	s Deceosed	Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
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			DITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or N	10) 20B. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
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23	NAME IT	V, HAR	BOL	D M.D.	4706 Ha	NandA	On 893 thining
24A. E	BURIAL CRE	MATION, 248. DATE	240	C. NAME of CEMETERY or CR	EMATORY 24D.	LOCATION (Sity, town, or county) (State)
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25A. [A 2 4 45 47	9 1967 Page	258. NAA	AL OF REGISTRAR	25C FUNERAL DIRECTS		LA BALTO MD
√S 150	0-REV. 1/1/	55	17 1	570	572701	DEC PIIIS	CH. DIALIO.NID.



BALTIMORE CITY HEALTH DEPARTMENT

U-320
BIRTH N67 8261 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 8261

SIGNATURE MEDICAL EXAMINER X EXAMINER'S NAME (Type) Werner U. Spitz, M.D. ASSOCIATE MEDICAL EXAMINER 8/26 23A, BURIAL CREMATION, 23B, DATE 23C. NAME of CEMETERY of CREMATORY 23D. LOCATION (City, town, of county) REMOVAL (Specify)			
CHARLES August 25, 197 5:30 PULL NAME OF ADDRESS OR LOCATION! WITH NOT IN HOSPITAL OR INSTITUTION, CIVE STREET A624 Belair Road 4624 Belair Road 5. SEK AN ARRIED, NEVER MARRIED WINDOWED, DIVORCEDISpecify WINDOWED, DIVORCED, DIVOR	2. DATE AND HOUR PRONOUNCED DEAD		
### FULL NAME OF HOSTINAL OR INSTITUTION, GIVE STREET HOSTINAL OR NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION! #### WITHOUT ADDRESS OR LOCATION! ##### WITHOUT ADDRESS OR LOCATION! ########## WITHOUT ADDRESS OR LOCATION! ###################################	P. M.		
MATY JAIN MAY J	re odmission)		
Baltimore A624 Belair Road Distret Address (if web, give locesion) A624 Belair Road A624 Belair Ro	wnship)		
S. SEK S. RACE MIDOWED DIVOKED (specify) May 10, 1903 S. Markier May 10, 1	1-01		
Male White Widowed May 10, 1903 feet bindedy feet feet bin			
Male White widowed May 10, 1903 64 10A, USUAL OCCUPATION (Give kind of work of the control of the con			
Cause of Death Canding most of working life, even if relired Charles Udes	ours Min.		
Charles Udes 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO. 21 7-09-2149 Helen Von Hagel, sister, CAUSE OF DEATH (This does not mean the mode of dring, e.g., benef follow, subtenio, soci. It means the discoso, benef follow, subtenio, soci. It means the discoso, benef follow, subtenio, society of the subject o	RY?		
B. CAUSE OF DEATH ONSET AN			
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23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, town, or county)	SIGNED		
Burial 8/30/67 Holy Redeemer Cemetery Baltimore, Md.	(Stote)		
24A. DATE REC'D BY HEALTH DEPT. AUG 29 1967 Role 2. Fallen 24B. NAME OF REGISTRAR Schimunek Funeral Home, Inc. 3331 Brehms Lane			

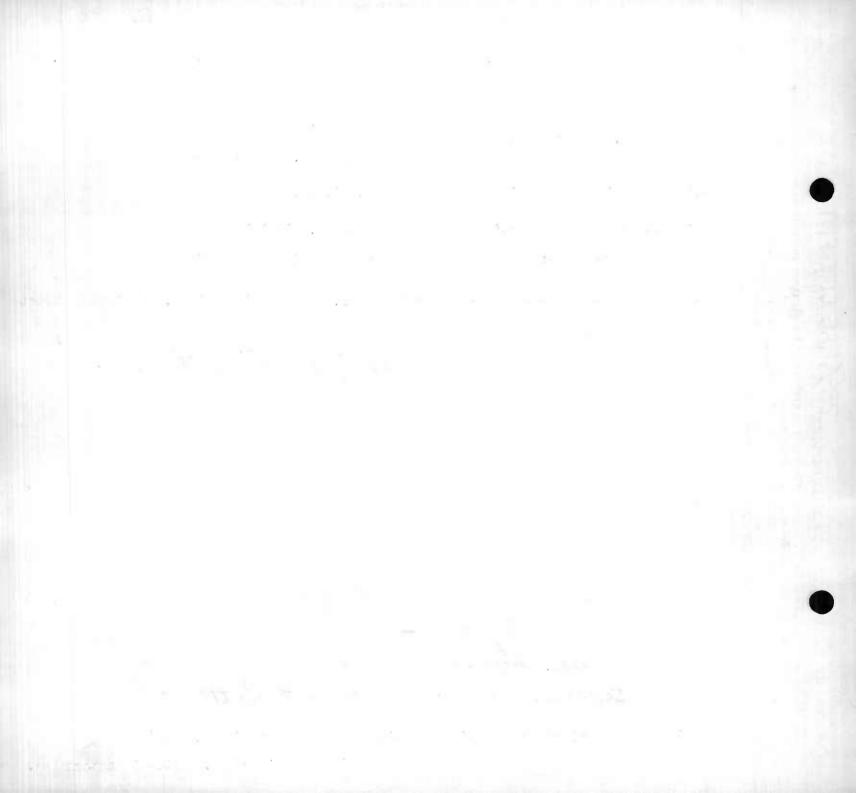


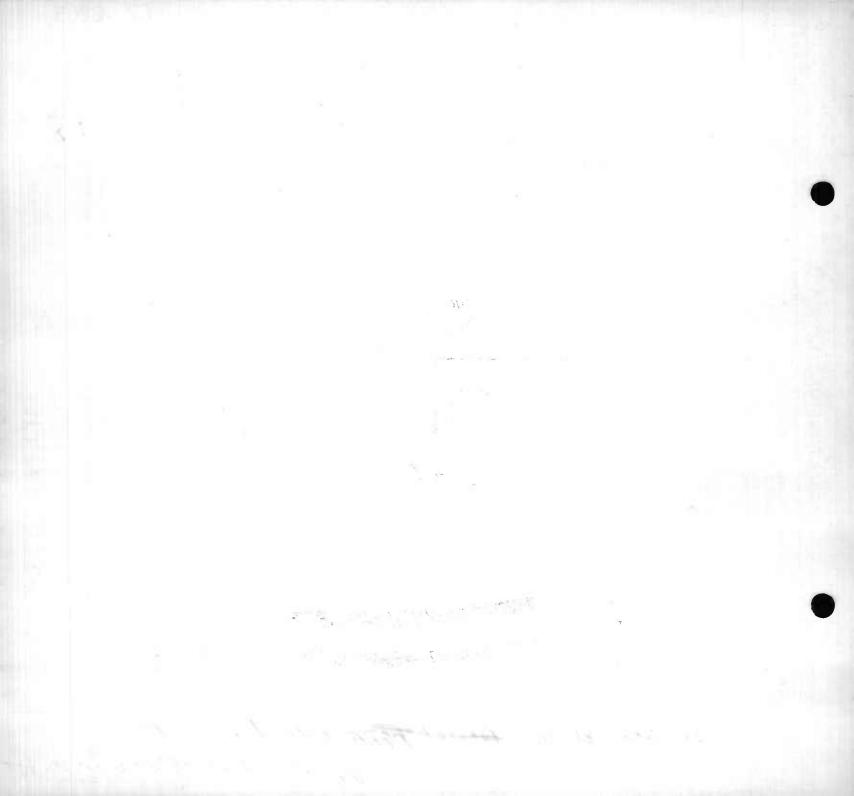
	BALTIMORE CITY	HEALTH DEPARTMENT	. /	CM 0000 4
BIRTH NO. 67-17372 67 8	3262 CERTIFICA	TE OF DEATH	Registered No	67 8262
MILE CASE NO.		2. DATE AN	D HOUR OF DEATH	
(Type or Print) John Po	irter Siron =	· Jane	26 Aug 67	849 PM.
3. PLACE OF DEATH IN BALTIMORE, MARYLAI	ND			ution: residence before odmission)
FULL NAME OF (If not in hospital or ins	titution, give street	AR Now	- born -	BALTO, Co,
INSTITUTION Church Hon	e + Hospital	C. CITY OR TOWN (If out	side city limits, write RUR	
35 100 N. Broa		D. STREET ADDRESS (If i	rurol, give location)	3-00 ZONE-19
Balto Md.	etury,	428 WI	LLOW AV	E.
	ARRIED, NEVER MARRIED		9. AGE (In years I lost birthdoy)	f Under 1 Yr. If Under 24 Hrs.
ri W	Newborn	8-26-67	NB	12 23
OA, USUAL OCCUPATION (Give kind of work 10 B. one during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	2. CITIZEN OF WHAT COUNTRY?
NB		Maryland.		us,
3. FATHERS NAME		14. MOTHER'S MAIDEN NAM	AE	
John Porter	won dr.	Betty	Owens	
b. Was Deceased Ever in U. S. Armed Forces? es, no or unknown) (If yes, give wor or dates of s	1 6. SOCIAL SECURITY NO.	17. INFORMANT	,	ADDRESS
-	Cartery.	James H.	amby MA	Church Home.
18.	CAUSE O	F DEATH	ar dry init.	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTL	Y	,		ONSET AND DEATH
LEADING TO DEATH	(A)/V	lassive puln	ronary aspir	stion 122h
(This does not mean the made of dyin heart foilure, astherio, etc. It means the		/		
injury or complication which caused death				
ANTECEDENT CAUSES	(B)		~~~	•••••••••••••
DISEASES OR CONDITIONS, if ony,				
rise to the obove cause (A) statis	ng The (C)	***************************************		
11	2	1		
OTHER SIGNIFICANT CONDITIONS CONTE	RIBUTING	livery via		
OTHER SIGNIFICANT CONDITIONS CONTE TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	TO THE Caes	arian Section	on	
19A. DATE OF OPERATION 198. CONDITION WAS PERFORM 17 A. ACCIDENT WAS UNDERLYING		20A. AUTOPSY? (Yes or No.	20B. IF YES, WERE FIN IN CERTIFYING CAUSE	DINGS CONSIDERED S OF DEATH?
	21B. PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(If in Boltimore C	ity, give exoct locotion)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, of	fice bidg., INJURT OCCUR?		
21D. TIME (Month) (Doy) (Year) (Ho	ur) 21 E. INJURY OCCURRED	21F. HOW DID INJU	URY OCCUR?	
E OF INJURY (APPROX.)	While At Not While	•		
	Work Al Work		. / -2	1 2//3
22. I certify that (1) (this hospita) ofto				
that (1) we last saw the deceased oli			ot in(my) (www.opinio	n deoth occurred on the date
ond hour and from the courses stated o	bove. (1) (We) (did) (did not) v	iew the body after deoth.		
23A. SIGNATURE				B. DATE SIGNED
- Dune	M.D. Atte	mding Med. Director	Stoff Phys.	8-26-67
23C. PHYSICIAN'S NAME (Type)	Enge inte	23D. ADDRESS		11-14-00
Ver	~ W C/Q/CM.D.	coo u	kut Hon	16 x DOSD
REMOVAL (Specify)	24C, NAME of CEMETERY OF CRE	MATORY 24D, LO	OCATION (City,	town, or county) (State)
BURIAL 8/28/6/	INDIAN C	MAL TR	ENCH CRE	EK, W. VA,
AUG 29 1967 P. 6	NAME DE REGISTRAR	25C. FUNERAL DIRECTOR	2. Llo. 1	ADDRESS M.
/S 150-REV. 1/1/65	757	131 June	7 1 veces	11114

4 x (2.22. 8, meg ... N VA John Kister Sironds colly have James Hambo H. B. Masses on becoming expendence of the Delivery via D TO SO PUR SE LON 100 50 100 100 100 Continue month of the

The transfer was a series of the series of t

VS 150-REV, 1/1/65



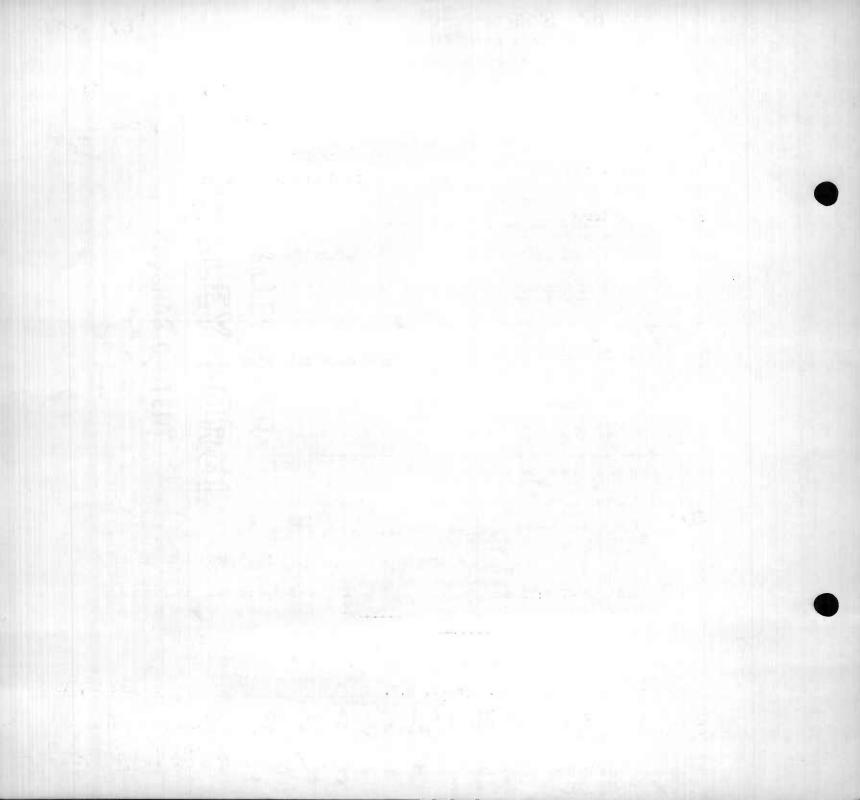


67. 8266 BALTIMORE CITY HEALTH DEPARTMENT

67. 8266

MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATI	Registered No.

M.E. CASE NO).	710, (2 2)				
1. NAME OF (Type er Print)	DECEASED			2. DATE AND HOUR PRONOUNCED DEAD		
	JAMES MATHEW		West Diab	August 20, 1	967 2:08 a m.	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION Provident Hospital				Maryland C. CITY OR TOWN (Il eutside corporate limits, Baltimore D. STREET ADDRESS (If rurol, give lecetion)	COUNTY	
5. SEX	6. RACE	7 44 4 99150	NEVER MARRIED	2000 McCulloh Street	reers If Under 1 Yr. If Under 24 Hrs.	
Male IOA. USUAL O	Colored CCUPATION (Give kind of wi	WIDO WED,	DIVORCED (specify)	11. BIRTHPLACE (State or fereign country)	Menths Doys Heurs Min.	
done during mesi	ef werking life, even if retired)			WHAT COOKIET	
13. FATHER'S N	AME			14. MOTHER'S MAIDEN NAME		
	ASED EVER IN U.S. ARMI		16. SO CIAL SECURITY NO.	17. INFORMANT	ADDRESS	
OTHER TO THE	EASE OR CONDITION I LEADING TO DEAT es net meen the mede lute, esthenie, etc. It mee complicetien which ceuser ANTECEPENT CAUS ES OR CONDITIONS, IF THE ABOVE CAUSE (A) LYING CONDITION LAST II SIGNIFICANT CONDITION IE DEATH BUT NOT FE EOR CONDITION CAUSIN	FIH of dying, e.g., so the disease, d deeth, SES ANY, GIVING STATING THE S CONTRIBUTI	(B) DUE TO (C)	raniocerebral injuries	ONSET AND DEATH	
21 A. EXTER	OF OPERATION 198. CO WAS PI INAL CAUSE WAS IGMOR CONTRIB- AUSE OF DEATH.	21 B. home etc.)	PLACE OF INJURY (e.g., larm, fectory, street,	YES in er ebeut 21C. WHERE DID (If in Boltimere Ci effice bldg., INJURY OCCUR?	CAUSES OF DEATH?	
21D TIME OF INJURY (APPROX.)			Sidewalk PIE. INJURY OCCURREN	D 21F. HOW DID INJURY OCCUR? T WHILE WORK Subject fell t		
22.		8:45 am. Inquiry		Autopsy X and that on this basis, death		
	sulted from: Notural a		Accident X Suic			
EXA	ATURE	May seell S.		D. ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER	DATE SIGNED August 20, 1967	
23A. BURIAL REMOVAL (Sp	CREMATION, 238 DATE	169 1	C NAME A CEMETERY	Y er CREMATORY 23D. LOCATION 23D. LOCATION 24C. FUNERAL DIRECTOR	(City, tewn, er ceynty) (Stete) ADDRESS	
VS 151-REV. 1	AUG 29 198	7 0.0	a 2 College	In I and 11	12 W. Work H	
1	856.2	for Shakery			V	



IMPORTAN

FUNERAL DIRECTOR:

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



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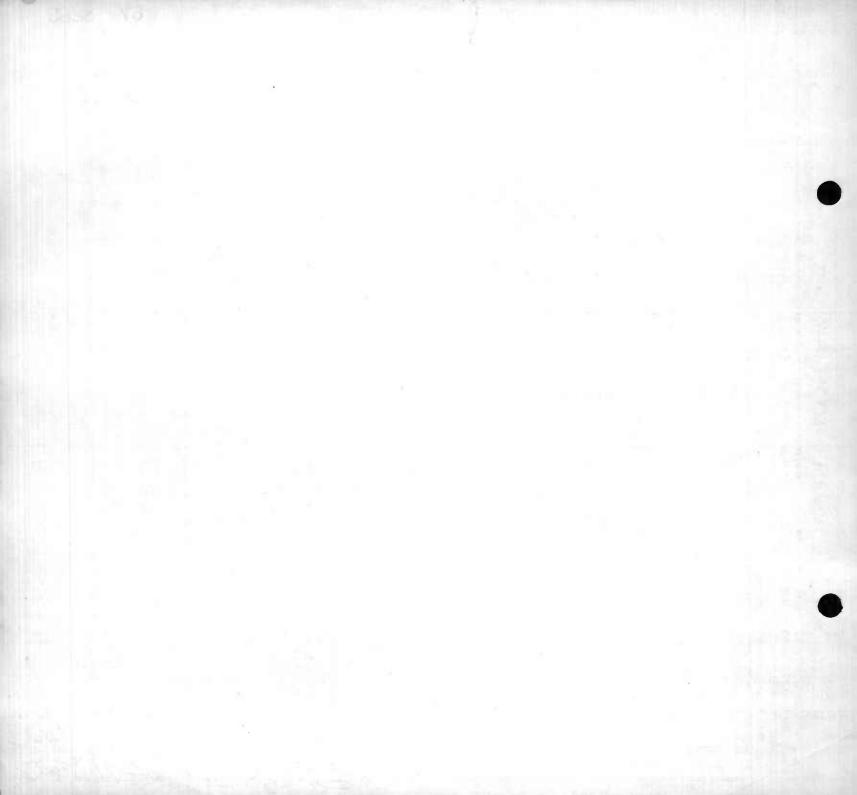
C. 127-20 22 (21-10)

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IMPORTANT

DIRECTOR:

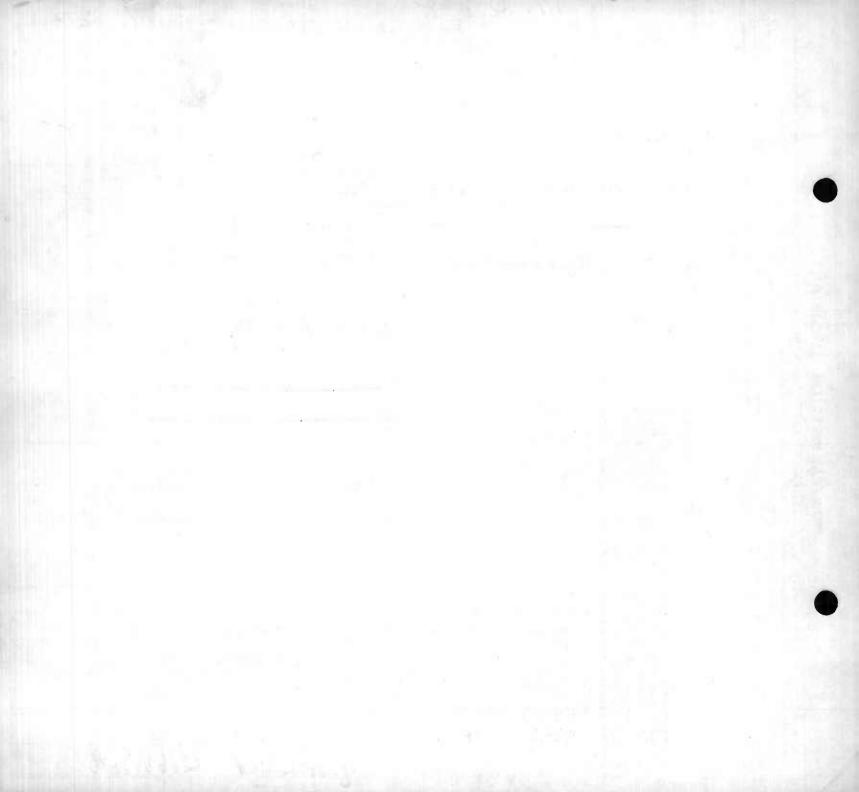
FUNERAL



534	BALTIMORE CITY HEALTH DEPARTMENT 67 8974
DED OF	BIRTH NO. 67 8271 CERTIFICATE OF DEATH Registered No. 07. 0271
B S + D	M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) EMMA ELIZABETH RANDELL 8-21-67 12:50 AN
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceosed lived. Il institution: residence before admission) A. STATE B. COUNTY
	FULL NAME OF (If not in hospital or institution, give street)
į	HOSPITAL OR INSTITUTION C. CITY OR TOWN (If outside city limits, write RURAL and give township) BALTIMOREE
ı	FRANKLIN SQUARE HOSPITAL D. STREET ADDRESS (If rurol, give locotion) W. MOUNT ST.
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) 8. DATE OF BIRTH 9. AGE (In years lost birthdow) Months: Doys Hours Min.
	10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12, CITIZEN OF
	done during most of working life, even if refired) NONE MD WHAT COUNTRY?
ĺ	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME UN KNOWN
	15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS
	(Yes, no or unknown) (III yes, give wor or dotes of service) SECURITY NO. UNKNOWN Edna allew 310 1 Mounts
	18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH BROW CHO PROPINONIA TORM'N AL
	(This does not meon the mode of dying, e.g., DUE TO
	hearl foilure, osthenio, etc. 11 meons the disease, injury ar camplication which caused death.)
	ANTECEDENT CAUSES (B) OUE TO OUE TO
	DISEASES OR CONDITIONS, if any, giving SONILITY, ATOEROS CLEARS, S
	rise to the above couse (A) stoling the (C) UNDERLYING CONDITION last,
	- III
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
	DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
	198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C, WHERE DID. (If in Boltimore City, give exact location)
	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID hame, lorm, loctory, street, office bldg., INJURY OCCUR?
	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
	(APPROX.) While At Not While At Work
	22. I certify that (1) (this hospital) attended the deceased fram BUC. 6 1967 to AUG. 2/ 1967
	that (1) (we) last saw the deceased alive an AUG-21 19 6.7 and that in (my) (aur) apinlan death occurred an the date
	and have and from the causes stated abave. (1) (We) (did) (did not) view the body after death.
	23A. SIGNATURE 23B. DATE SIGNED
	Bukler 1/- Lune M.D. Attending Med. Stoff Phys. Stoff Phys. Stoff
	23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS
	RUBEN V. LONA M.D.
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)
	25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF RESISTANT 29C. FUNERAL DIRECTOR ADDRESS
ļ	AUG 29 1967 Robert E. tarberth Adolphus Halstead 1206 W North Ave
- 1	

45 N

1 6 6 7 M.	OF OFTE	TE OF DEATH Registered No. 12. DATE AND HOUR OF DEATH	67 8272
of d of d of d of d of d	PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in haspital or institution, give sheet	4. USUAL RESIDENCE (Where deceased lived, If in A. STATE MARY LAND	nstitution: residence belare admission
use;	MOSPITAL OR address or location) 1 ARYLAND GENERAL HOSPITAL	C. CITY OR TOWN (If outside city limits, write BALTIMORE 21 D. STREET ADDRESS (If rural, give locotian)	
d cau	49	721 N. FREMO	
ntrill rmir egu ssed	6. RACE NEGRO 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) N. B	B. DATE OF BIRTH AUG - 9-1967 9. AGE (In yeors last birthdoy)	If Under 1 Yr. If Under 24 Hours Mir
dece in incompany	A. USUAL OCCUPATION (Give kind of work) 108. KIND OF BUSINESS OR INDUSTRY the during most of working life, even if retired)	MARYLAND	12. CITIZEN OF WHAT COUNTRY?
dispo	GEORGE ERNEST BROWN Was Deceosed Ever in U. S. Armed Forces? s,na ar unknawn) (If yes, give war ar dates at service) 16. SOCIAL SECURITY NO.	14. MOTHERS MAIDEN NAME DEBORAH DIANE 17. INFORMANT MOTHER	WILLIAMS ADDRESS SAME
hedical examiner. Also, if burns; (3) A fracture of any hysician who pronounced in was in regular attendaremains are embalmed or 110N	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heart foilure, osthenio, etc. It meens the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stating the UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	MAGESTING HEART FAM	ONSET AND DEATH
l by a med l by a med l boy we the physician v fore the ren	DISEASE OR CONDITION CAUSING IT. 19A-DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g.,	NO IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH? a City, give exact lacotion)
when No	OR CONTRIBUTING CAUSE OF hame, taim, factory, street, or DEATH (notify medical examiner) 21D. TIME (Manth) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?	
of any no of and the obtain	(APPROX.) While At Not White At Work 22. I certify that (I) (this hospital) attended the deceased fram	AUG-9 1967 to AU 967 and that in (my) (aur) api	
was released 1) An accident 2.A. at a hospit d prior to deat approval must	23A. SIGNATURE	ending Med. Staff	23B, DATE SIGNED
D.O.O.	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CR		ADDRESS We hoult are



VS 151-REV. 1/1/65

IRTH NO. MEDI	CAL EXAMINER	S CERTIFICATE OF DEATH Registered No	
A.E. CASE NO.			
NAME OF DECEASED		2. DATE AND HOUR PRONOUNCED DEAD	
JOHN JOHN	M- SEWELL	August 24, 1967 8:00) A. M.
. PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before A. STATE Maryland	
ULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCANSTITUTION	AL OR INSTITUTION, GIVE STREET TION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give to	wn s hip)
5/		Baltimore	<u> </u>
Franklin Square	Hospital	D. STREET ADDRESS (If rural, give location)	
SEX 6. RACE		2564 Edmondson Avenue 18. Date Of BIRTH 19. Age (In years If Under 1 Yr, If the second se	11. 1. 24.11
Male Negro	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)		lours Min.
DA. USUAL OCCUPATION (Give kind of work	TOB. KIND OF BUSINESS OR IN	DUSTRY 11. BIRTH PLACE (State or foreign country) 12. CITIZEN OF WHAT COUNT	TDV2
one during most of working life, even if retired)		WHAT COOK	INI:
3. FATHER'S NAME	C	14. MOTHER'S MAIDEN NAME	
CLARENCE	DEWELL	MARY CAMPHER	
WAS DECEASED EVER IN U.S. ARMED		17. INFORMANT ADDRESS	-
es, no or unknown) (If yes, give wor or date	s of service) SECURITY NO.	FRANCES WHITE 801 S. SHAR	PST
1B.			L BETWEEN
DISEASE OR CONDITION DI	RECTLY		The service
LEADING TO DEATH		Bronchial asthma	
(This does not mean the mode of heart failure, asthenia, etc. It means injury or complication which coused of	the disease.		
Injuly of complication which coosed to	geom./		
ANTECEDENT CAUSES	(8)		
DISEASES OR CONDITIONS, IF A		0	
UNDERLYING CONDITION LAST.			
Z	(C)		
OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING		
TO THE DEATH BUT NOT REL	ATED TO THE	Arteriosclerotic heart disease	
DISEASE OR CONDITION CAUSING			FD
WAS PERI		IN CERTIFYING CAUSES OF DEATH?	
21A. EXTERNAL CAUSE WAS	21B. PLACE OF INJURY	Yes Yes Y (e.g., in or obout 21C. WHERE DID (If in Baltimore City, give exact location)	
UNDERLYING OR CONTRIB-	home, form, factory, s etc.)	street, office bldg., NJURY OCCUR?	
21D TIME (Month) (Doy) (Year	(Hour) 21 E. INJURY OCCL	URRED 21F. HOW DID INJURY OCCUR?	
(APPROX.)	WHILE AT	NOT WHILE AT WORK	
22.			
I certify that I held on I		Autopsy X and that an this bosis, death in my opinion	
resulted from: Natural cou	ses X Accident	Suicide Undetermined monner	
m m	(1),	CHIEF MEDICAL EXAMINER	SIGNED
SIGNATURE CLIME	J. Jagal	M.D. ASSISTANT MEDICAL EXAMINER X	0101100
	S. Springate, M.		1967
3A. BURIAL CREMATION, 23B. DATE	23C. NAME of CEM	LETERY OF CREMATORY 23D. LOCATION (City, town, or county)	(Stote)
BURIAL 8-28	-67 ARBUTU	S MEM PARK ARBUTUS, Md.	5-
4A. DATE REC'D BY HEALTH DEPT.	24B, NAME OF REGISTRAR	24C, FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	~ 0000
MIIC 2.0 1967	OR D. PT E. TOWER	TI KPOWN JON 125W. MONT	GOMICA

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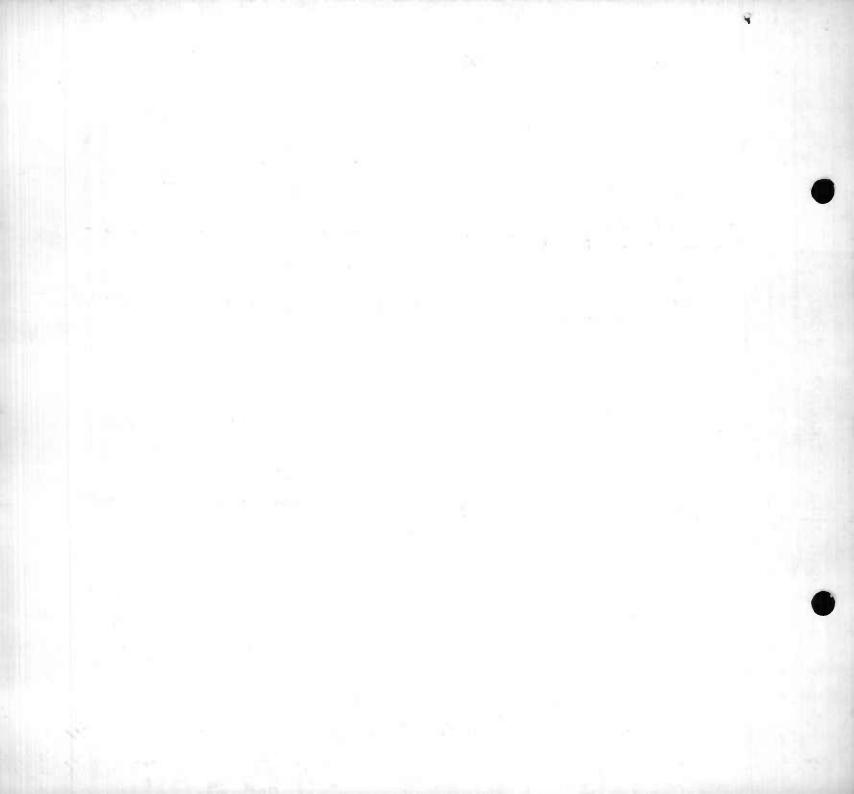
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PURIAL \$-35-07 ARBUTUS MEMIRIK PRESTUS, 1916.

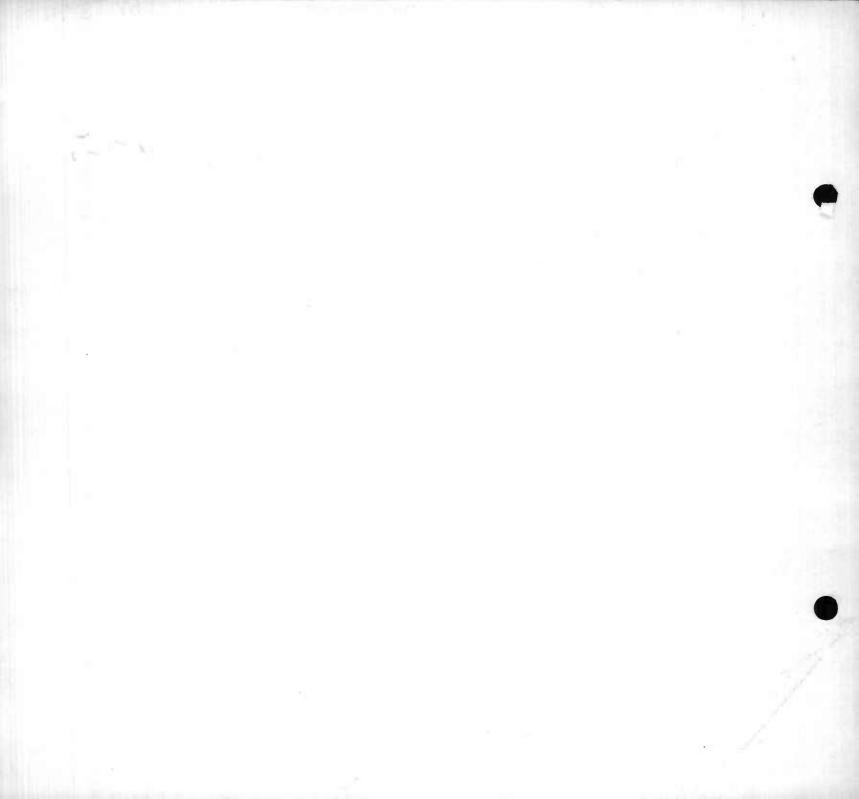
I. C. Bernard Son 123+ Mount

M.E. CASE NO. 1. NAME OF DECEASED (Type or Pop)	RTIFICATE OF DEATH Registered	ATH CONTRACTOR
3. PLACE OF DEATH IN BALTIMORE MARYLAND	4. USUAL RESIDENCE (Where deceased lived	16/ 930
S. FLACE OF DEATH IN BALTIMORE MARILAND	A. STATE B. COUNTY	if institution; residence before od
FULL NAME OF (If nat in haspital ar institution, give street	Imp.	1700
HOSPITAL OR address or location) INSTITUTION		nte RURAL and give township)
38 UNIVERSITY HOSP	BALTO	
•	D. STREET ADDRESS (If ruyal, give facation	
o	408 BOUNDE STRE	
5. SEX 6. RACE N 7. MARRIED, NEVER M WIDOWED, DIVORC	ED (enocify)	If Under 1 Yr. If Under Manths Days Hours
10	10/31/18 52	
	OR INDUSTRY 11. BIRTHPLACE (State ar fareign country)	12. CITIZEN OF WHAT COUNTRY?
doge during most of working lite, even if retired) THER STATES NAME 13. FATHERS NAME 14. FORMAL MARKETTER STATES AND S	Bulto. md.	U5-9
13. FATHERS NAME	14. MOTHER'S MAIDEN NAME	
Clarich Porgram	Educa Valor	
15, Was Decesed Ever in U. S. Armed Forces? 116, SOCIA	cona poner	ADDDEE
15. Was Deceased Ever in O. S. Almen Jarces:	alms and	ADDRESS
214.	16-5603 Edna Marine	108 Gold S
18. 163 X I	CAUSE OF DEATH	INTERVAL BETWE
DISEASE OR CONDITION DIRECTLY	01	ONSET AND DEA
LEADING TO DEATH	(A) Pulm Edema	30 min
LEADING TO DEATH (This does not meon the mode of dying, e.g., heart foilure, osthenia, etc. II means the disease, injury or complication which caused death.)	DUE TO	
injury or complication which caused death.)	Pulan Francis	
ANTECEDENT CAUSES	DUE TO	······································
DISEASES OR CONDITIONS, if ony, giving use to the obove couse (A) stating the	16 Pulm Caremoma	
use to the obove couse (A) stating the UNDERLYING CONDITION lost.	(c) I MM Caremonia	Mos
11		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		Total Value of Value
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		1 - 17 - 19
U 194. DATE OF OPERATION 198. CONDITION FOR WHICH OP	PERATION 20A. AUTOPSY? (Yes No.) 20B. IF YES, W	ERE FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OP WAS PERFORMED	IN CERTIFYING	CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF	F INJURY (e.g., in or obout 21 C. WHERE DID (II in Bol octory, steet, affice bldg., INJURY OCCUR?	imore City, give exact location)
▼ DEATH (notify medical examiner) (etc.)	octory, sheer, affice blag., INJURT OCCUR!	
O 21D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY C	CCUPPED 21F HOW DID INTURY OCCUP?	
Vhile At	Nat While	
(APPROX) Work	At Work	
22. I certify that (I) (this hospital) attended the deceas		6/27/6/ 19
that (1) (we) last saw the deceased alive an	\$ 127 (127 19 and that in (my) (aur)	apinian death accurred an
and haur and fram the causes stated abave. (1) (We) (di		
23A. SIGNATURE		238, DATE SIGNED
Elapadaman (-	M.D. Attending Med. Stoff Phys. Phys.	8/27/67
F Cressman, IT		0/2001
NAME (Type)	23D. ADDRESS	
trederick Cressman, to	M.D. Unw Hosp	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CE	METERY OF CREMATORY 24D. LOCATION	(City, town, or county)
Busial Vinkisti	1 thous the Withinter	me
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTR	AR 25C/FINERAL DIRECTOR	ADDRESS
AUG 29 1967 R.O. A. E. J.	7 8210 1911	180-711 Wai
ESA. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTR		



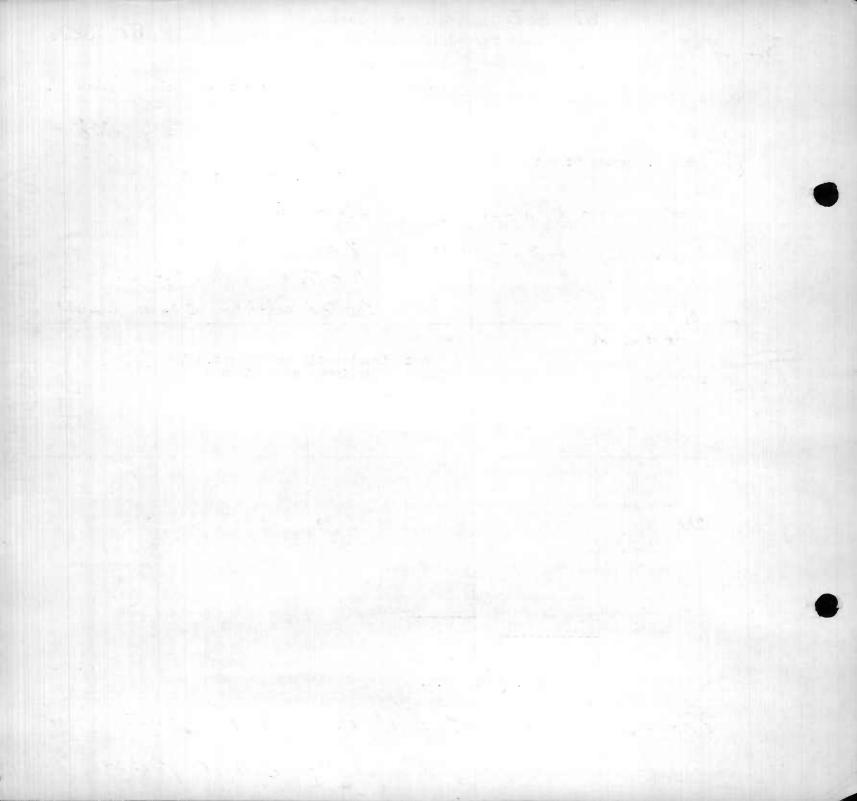
67. 8275 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 8275

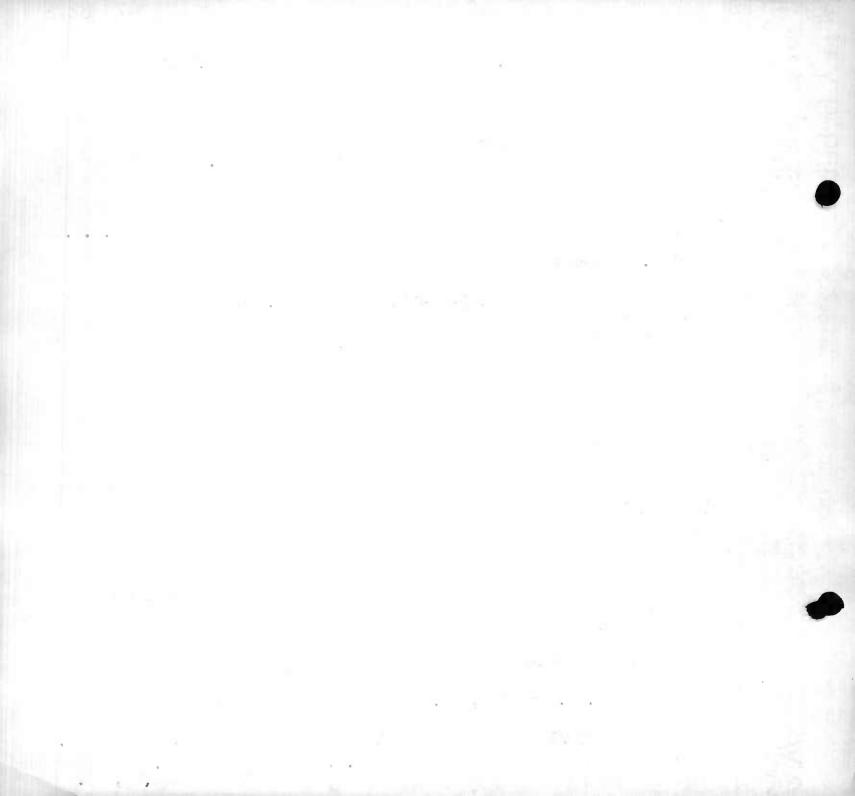
M.E. CASE NO.								
1. NAME OF DEC		OD 11 (NIT OUT DIV			D HOUR PRONOUNCE		
2 DI ACE IN BALT			QUICKLEY	Or HEHAL BESIDE	Augu	st 28, 1967	9:0	0 P. M.
3. PLACE IN BALI	IMORE, MARYLAND, V	VHERE PRONOL	INCED DEAD	A. STATE	ENCE (Where	deceosed lived. If insti-	NTY	otore admission)
FULL NAME OF	(IF NOT IN HOSPI	AL OR INSTITU	TION, GIVE STREET	C. CITY OR TOW	ryland	le corporate limits, write	Ptip and give	to (tenship)
HOSPITAL OR	ADDRESS OR LOC	A IION)						
00					ltimor			
942	Druid Hill	Avenue		D. STREET ADDR				
						d Hill Avenu		
5. SEX	6. RACE		NEVER MARRIED DIVORCED(specify)	B. DATE OF BIRTH	1	9. AGE (In years lost birthday)	Months Doys	Hours Min.
Male	Negro	Sepa	rated	9/30/2	29	37		
IOA. USUAL OCCU	PATION (Give kind of wo	KIND OF	rated BUSINESS OR INDUSTR	Y 11. BIRTHPLACE	State or foreig	gn country)	12. CITIZEN OF	NTDY?
_	- '			Marylan	nd			
Laborer 3. FATHER'S NAM	E	11/2		14. MOTHER'S MA	AIDEN NAM	E		
Welter	Quickley			Daisy C	cosev			
15. WAS DECEASES	EVER IN U.S. ARME		16. SO CIAL	17. INFORMANT			ADDRESS	
No No	(If yes, give wor or do	es of service)	SECURITY NO.				0 1	2 01
18 .					alsey	Burton 591		
10.	1.0 1		CAUS	E OF DEATH				AL BETWEEN
OTHER SIGN TO THE	IG CONDITION LAST. II IIIFICANT CONDITIONS DEATH BUT NOT R S CONDITION CAUSIN	CONTRIBUTION		(D. L.	1 \			
19A. DATE OF	OPERATION 198. CO		WHICH OPERATION	(Partia		20B. IF YES, WERE FIN	IDINGS CONSIDE	RED
0		RFORMED				IN CERTIFYING CAUS	ES OF DEATH?	
ZIA. EXTERNAL	CAUSE WAS	21B. I	PLACE OF INJURY (e.g.,	in or about 21C. W	HERE DID	(If in Boltimore City, giv	ve exact location)	
UNDERLYING CAU		home,	form, foctory, street,	office bldg., INJURY	OCCUR?			
<u> </u>								
OF INJURY	(Month) (Doy) (Ye		E. INJURY OCCURRED		M DID INT	URY OCCUR?		
(APPROX.)		m. W	ORK NOT	WHILE VORK				
22.	ify that I held an	Inquiry 🗌			that on th	is bosis, death in m	v opinion	
	red from: Notural co		ccident Suicio			Undetermined monne		
162011	OI I	OSGS N.	Solcie			KAMINER		
ACTUAL	· Check	7,7	gul M.C	ASSISTANT ME	EDICAL EX	XAMINER X	DAT	E SIGNED
EXAMIN NAME (1	(ype) Charle		ingate, M.D.		EDICAL E	XAMINER	August	29, 1967
23A. BURIAL CREA			C. NAME OF CEMETERY				town, or county)	(Stote)
Burial	8/31		t Calvary			e Arundel		
24A. DATE REC'D			E Fallence	24C. FUNERA			ADDRESS	
VS 151-REV. 1/1/6	55	المرمولامالا	C. Talbert	win C	March	928 E. 1	NOT THE RV	0.



MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered 67. 8277

M.E. CASE NO.						
1. NAME OF DECEASED				2. DATE AND HOUR PRON		
ELTZABETH 3. PLACE IN BALTIMORE, MARYLAND,	WHERE PRONOU	STOKES NCED DEAD	4. USUAL RESID	August 26,	If institution: re	11:40 A. M.
FULL NAME OF (IF NOT IN HOSP HOSPITAL OR ADDRESS OR LO	ITAL OR INSTITU	TION, GIVE STREET	A. STATE Maryla C. CITY OR TOW		s, writer RULAL	ond give township).
INSTITUTION			Baltin	more	-11	05
806 N. Durham Stre	et		D. STREET ADDI	RESS (If rurol, give location)	-	
				N. Durham Stree		
5. SEX 6. RACE Female Negro		NEVER MARRIED DIVORCED (specify)	6/12/	9. AGE (In lost birthdo) 51		der 1 Yr. II Under 24 Hrs. s Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of we done during most of working life, even if refired	15 7	BUSINESS OR INDUSTI	RY 11. BIRTHPLACE	State or foreign country)		IZEN OF
13. FATHER'S NAME			14. MOTHER'S M		Rohu	
15. WAS DECEASED EVER IN U.S. ARM		16. SOCIAL	17. INFORMANT	51-1	ADDRE	55 0
(Yes, no or unknown) (If yes, give wor or d	otes of service)	SECURITY NO.	Buster	Stokes e	506 H.	Durham L
DISEASE OR CONDITION LEADING TO DEA (This does not mean the mode heart foilure, astherio, etc. It mea injury or complication which couse	of dying, e.g., ons the disease, d deoth.)		ioscleroti Cardiovas	c and Hypertens cular Disease	ive	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUS DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LAS UNDERLYING CONDITION LAS OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAUSI 19A. DATE OF OPERATION 198. CO	ANY, GIVING STATING THE T. IS CONTRIBUTIN RELATED TO TI					
19A. DATE OF OPERATION 19B. CO		VHICH OPERATION	20A. AUTOPSY	? (Yes or No) 208. IF YES, W	ERE FINDINGS CAUSES OF E	
ZIA, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-	21 B. home, etc.)	PLACE OF INJURY (e.g. form, foctory, street,	, in or obout 21C. V	VHERE DID (If in Baltimore) OCCUR?	City, give exact	locotion)
21 D TIME (Month) (Doy) (Y OF INJURY (APPROX.)			WHILE WORK	DW DID INJURY OCCUR?		
I certify that I held an resulted from: Notural a	7	Inspection X A	de Homici		l-m-rd	on
ACTUAL SIGNATURE MLLM	h. 50)	D. ASSISTANT M	EDICAL EXAMINER X		DATE SIGNED 8/27/67
NAME (Type)	4.	tz, M.D.		EDICAL EXAMINER		0/2//0/
23A, BURIAL CREMATION, 23B, DATE REMOVAL (Specily)	24B, NAME	MT- CA	long	23D. LOCATION Q. Q. ((City, town, o	ADDRESS (Stote)
	Robert &	. Farbeyna	mej	h b. Kock	·JE13	04 M. Carlia
VS 151-REV. 1/1/65		2 2 4	11 (1)		,	1





TO RIP		SALTIMORE CITY H	EALTH DEPARTMENT		67 8279
011	th No. 67 8279 (CERTIFICAT	E OF DEATH	Registered Na.	01 0210
1.1	E. CASE NO. NAME OF DECEASED pe or Print) PO PE OT Print) PO PE OT PRINT PO PE PT	-	2. DATE AN	D HOUR OF DEATH	2 2
	PLACE OF DEATH IN BALTIMORE, MARYLAND	J.	8	127/67	stitution: residence before admiss
٥.	PLACE OF DEATH IN BALLIMORE, MARILAND		STATE B. COUN		estitution; residence before admis
H	JLL NAME OF (If not in hospitol or institution, give stree OSPITAL OR oddress or location)		MARYLAND (If ou	tside city limits, write I	RURAL and give township)
,	NOITUTION		HOLLY BEAC		ANNAPOLIS
)	JOHNS HOBKINS HOST)		rural, give location)	110
=			DATE OF BIRTH	0 465 0	32-00
	MALE WHITE WARRIED	RCED (specily)	5-24-37	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Months Doys Hours Mir
	A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSIN to during most of working life, even if retired)	ESS OR INDUSTRY 11.	. BIRTHPLACE (State or fare	ign country)	12. CITIZEN OF WHAT COUNTRY?
	Owner Yacht B		New York		U.S.A.
13.	FATHER'S NAME	14.	MOTHER'S MAIDEN NA		
	EDWIN KYLE		ANNE JORDA	N	
15. (Ye	Wos Deceosed Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or dates of service) SE	CURITY NO.	· INFORMANT		ADDRESS 2120
		-28-1978 (George W. Do	bbin, Jr. 1	Fairview Rd.
	18. / 7 8 X I	CAUSE OF E	DEATH	^	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	mata	t.t. 5.1	1 2 A	Jay 4 VDS
ŀ	(This does not mean the mode of dying, e.g.,	DUE TO	ANN CUN	and sunto	
	heart failure, astherio, etc. It means the disease, injury or complication which coused death.)		CARCINA	6	
	ANTECEDENT CAUSES	(B)		·	
	DISEASES OR CONDITIONS, if ony, giving				
	rise to the obove couse (A) stoting the UNDERLYING CONDITION lost.	(C)			
_	11				
ERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE				
CAI	DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH	OPERATION	20 A. AUTOPSY? (Yes or No	20B. IF YES. WERE	FINDINGS CONSIDERED
RTIF	WAS PERFORMED		20 A. AUTO SY? (Yes or No	IN CERTIFYING CA	USES OF DEATH?
U	21A. ACCIDENT WAS UNDERLYING 21B. PLACE	OF INJURY (e.g., in or	obout 21 C. WHERE DID	(If in Boltimore	e City, give exact facation)
CAL	DEATH (notify medical examiner) etc.)		The state of the s		
MEDI	OF INJURY	Y OCCURRED	21F. HOW DID INJ	URY OCCUR?	
>	(APPROX.) While At	Not While At Work			
	22. I certify that (I) (this hospital) attended the dece	eased fram	AU G	19 6 7 to A	46 27 19 6
	that (I) (we) lost saw the deceased olive an	46 92	19 67 and th	at in (my) (aur) opi	nian death accurred an the
	and haur and fram the causes stated above. (1) (We)				
	23A. SIGNATURE				23B. DATE SIGNED
	Harry K. Henant	M.D. Attendi	Med. Director	Stoll Phys.	8/27/67
	23C. PHYSICIAN'S NAME (Type)	23D	. ADDRESS		
	HARRY K. GENANT	M.D.	THE TO	HNS HOS	PKINS HOSTE
24	A. BURIAL CREMATION, 248. DATE 24C. NAME of REMOVAL (Specify)	CEMETERY OF CREMA	ATORY 24D. L	OCATION (Ci	ty, town, or county) (Sto
	Burial 8/29/67 St.Ma	rgaret's l	Episcopal S	t. Margare	et's, A.A. Md
25	A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGI	STRAR	25C. FUNERAL DIRECTOR	1	ADDRESS
L			H. W. Jenki	ms & Sons	Co. 4905 Yor.
VS	150-REV. 1/1/65	1 11	1 33		100

YES

	TH NO.	67	8280	0	TE OF DEATH	Registered Na	67 8280
1. N	AME OF DEC	EASED			2, DATE AN	ID HOUR OF DEATH	
	se or Print)	0 0 . 1	, 0		Augu	1 1 28 1047	11:15 A. W
3. [PLACE OF DE	ATH IN BALTIMORE MA	MILAND		4. USUAL RESIDENCE (When	re deceased lived. If insti	Iulian; residanca before admission)
1					N. 31A1E 0. COOIT	17	
	FULL NAME C	F (If not in hospital oddrass or locatio		give street	Maryland		
	NSTITUTION				C. CITY OR TOWN (If out	iside city limits, write KU	KAL and give township)
		70 D 0			Baltimore D. STREET ADDRESS (III	rural, giva location)	0 / / 0
	00	50 Palmer	i Green				
	00				50 Palmer Gree		
5. 5	EX	6. RACE	7. MARRIED, WIDOWEI	D, DIVORCED (specify)		9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Norths: Days Hours Min,
	F	W	Widowe		9/5/1885	81	
		UPATION (Give kind of working life, even if retired)	10B KIND OF	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
aon	Housewi		Our	Home	Calilannia		
13.	FATHER'S NA	V	00072	nome	California	ME	U.S.A
	Frederi				Jenny Bo	wy	
15, 1 (You	Was Deceased	Ever in U. S. Armed For	rces?	1 6. SOCIAL SECURITY NO	17. INFORMANT		ADDRESS
	No	7 - 3, 8 - 10 10 10 10 10 10 10 10 10 10 10 10 10		220-48-1714	Bernhard A. Ba	no	(Same)
	18.			CAUSE O		9	INTERVAL BETWEEN
	ph she), 0		CAUSE O	DEATH		ONSET AND DEATH
	DISEAS	SE OR CONDITION DII LEADING TO DEATH	RECTLY	17	rioscleratio A	1 +70 1	640000
	(This does r	not mean the made of	dvina. e.a	DUE TO	resourous 14	earl proces	e guests
	heort foilure,	asthenia, etc. It means	the disease,				
		aplication which caused					
		ANTECEDENT CAUSES		DUE TO			
		OR CONDITIONS, if					
		e abave couse (A) G CONDITION last.	sloling lhe	(C)			
z	OTHER SICH	IFICANT CONDITIONS (ONTRIBILITIA	G			
ATION	TO THE D	EATH BUT NOT RELA	ATED TO TH	IE .			411
CA		OPERATION 198. CON		WHICH OPERATION	20A. AUTOPSY? (Yas or No) 208, IF YES WERE EIN	IDINGS CONSIDERED
RTIFIC	0 21	MAS PER	FORMED	William or Examen	11/2	IN CERTIFYING CAUS	ES OF DEATH?
CER	21A ACCIDE	NT WAS UNDERLYING	7 721 R	PLACE OF INITIDY (a.g. in	or obout 21 C. WHERE DID	(If in Boltimore C	City, give exact location)
_	OR CONTRIBL	JTING CAUSE OF	hom	ne, form, factory, straet, of	fice bldg., INJURY OCCUR?	(II III DOMINOTO C	city, give exact tocomon
U		modical examinar)	etc.	.)			
MEDI	21 D. TIME	(Month) (Day) (Year)	(Hour) 21E	. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
Ş	(APPROX.)			nile At Not Whit			
			Wo			1	,
	22. I certify	that (1) (this hospita	l) ottended t	he deceased from	Ecember 97	1960 10 Huy	Just 27 1967
	that (1) (एड)	Tost sow the decease	ed olive on	August	24 19 6 7 and the	ot in (my) (out) opinio	on death occurred on the date
					iew the body ofter deoth.		
	23A. SIGNATU		2 1	,, (,, (,		12	3B. DATE SIGNED
	7-	mt	e1 -	M.D. Atto	inding . Med.	Stoff [0/20/
	0/	/ Lyrlan!	/alre		s. Med. Diractor	Phys.	0/28/67
	23C. PHYSICIA	vnet			23D. ADDRESS		
		L. M.	Gaines	M.D.	7800 York Road	d	
244	BURIAL CRE	MATION, 24B, DATE		AME of CEMETERY OF CRI			town, or county) (State)
	REMOVAL	Spacify1					
C	remation	8/28/	67	Greenmount OF REGISTRAR		Baltimore,	Md.
25A	. DATE REC'D	BY HEALTH DEFT.	125B. NAME	OF REGISTRAR	H. W. Jenkins	& Sans Ca A	1905 York Road
	AUC	1 m 2 1201 (16)	ار بے کریں	Frebryna	O Semento	0 50105 00. 4	100 70/40 NOUL
140	160 BEV/ 1/2/	4.5	7	7 1	00	a bat	10. 11, Ma.

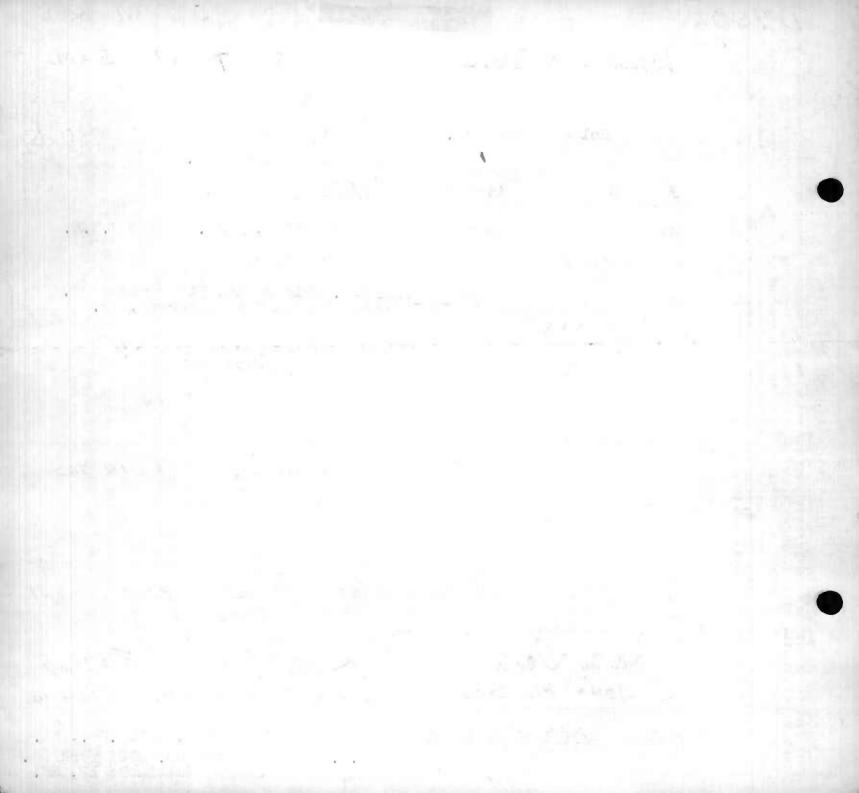


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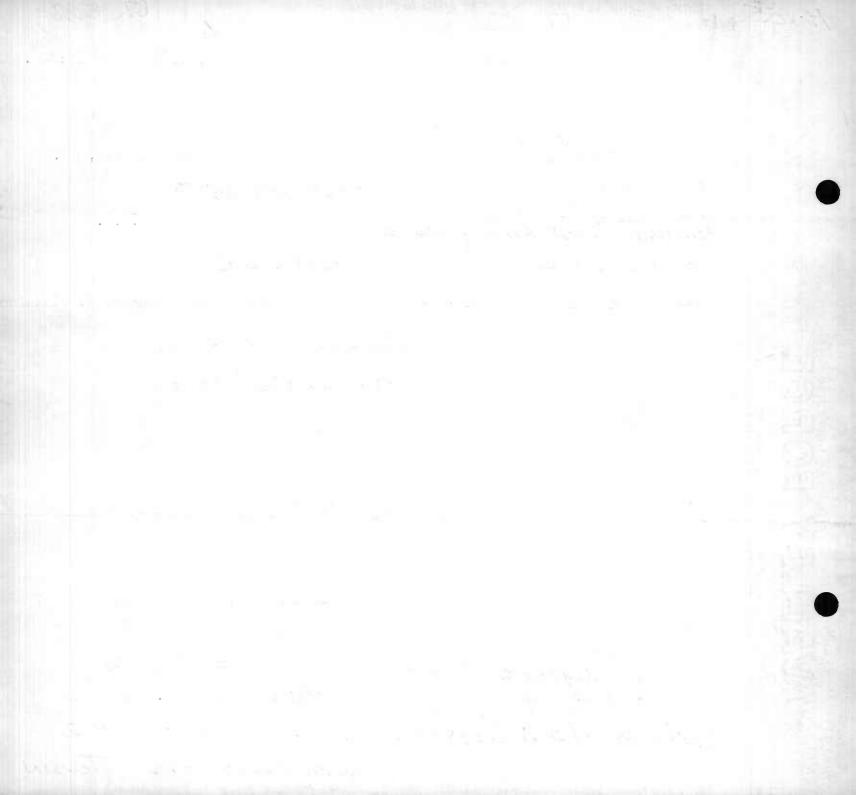
DIRECTOR:

FUNERAL

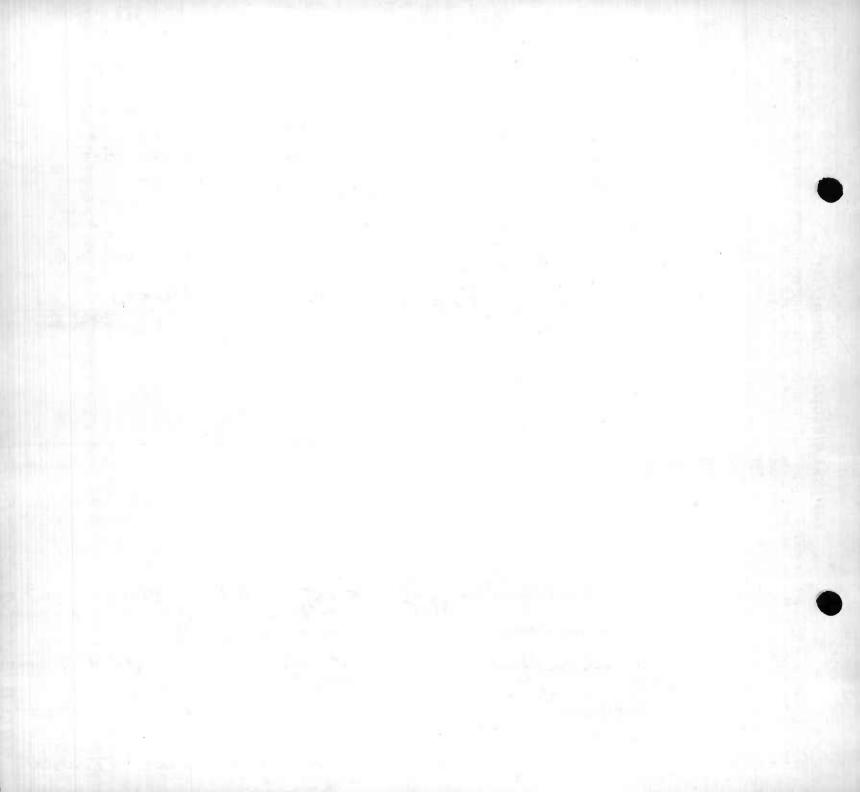
VS 150-REV. 1/1/65



John in pline to spate . . . it Female White Mare 5/2/1407 or you Julian Coster alies Ruch. 740



	PLACE OF DEATH IN E		E CATHERINE RU	O GIER AUGU 4. USUAL RESIDENCE (Where B. COUNT	deceased fived. If	institution: residence be
	FULL NAME OF		t instilution, give sheel	MARYLAM		
	NOITUTITZN	ddress ar lacotion		C. CITY OR TOWN (If auts)		RURAL and give town
10	HOUSE !	IN THE	PINES		ral, give lacotion)	RN AVE
5. \$	FV	V	7. MARRIED, DEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9.	AGE (In years	If Under 1 Yr. If Months Days Ho
	USUAL OCCUPATION during most of working file HOMEMAK		OWN HOME	BATO. CO. M	A	12. CITIZEN OF WHAT COUNT
13.	FATHER'S NAME	- (22	14. MOTHER'S MAIDEN NAM		OHNED
16.	JULIUS		UDIGIER	CATHERIN	50	
15. Yes	Was Deceased Ever in s, na ar unknawn) (If yes, WO	U. S. Armed Ford give war ar dates 10NE	of service) 16. SOCIAL SECURITY NO. 212-10-6567	FAMILY	REC	ORDS
	18. 422,	/1		F DEATH	L DIVE	INTERVAL ONSET AN
		ONDITION DIR	ECTLY	2SCU du	cail	-
	(This does not meor heart failure, asfhenia					***************************************
	injury or complication	which caused	death.)			
		DENT CAUSES	DUE TO			
	DISEASES OR CON	e cause (A)		MAAAMMEN NE N		rus 00 ármbán (me 00 0 0 00 m 000 0 000 0 000 0 000 0 0
	UNDERLYING COND					
	1					
ATION	OTHER SIGNIFICANT TO THE DEATH DISEASE OR CONDITI					
RTIFICATION	TO THE DEATH	ION CAUSING IT	DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDE AUSES OF DEATH?
CAL CERTIFIC	TO THE DEATH DISEASE OR CONDITI 19A.DATE OF OPERAT 21A.ACCIDENT WAS OR CONTRIBUTING DEATH (notify medical	ION CAUSING IT	DITION FOR WHICH OPERATION	n ar about 21C. WHERE DID	IN CERTIFYING CA	FINDINGS CONSIDER AUSES OF DEATH? TO City, give exact foc
CAL CERTIFIC	TO THE DEATH DISEASE OR CONDITI 19A.DATE OF OPERAT 21A.ACCIDENT WAS OR CONTRIBUTING DEATH (notify medical	ION CAUSING IT	21B. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.) (Hour) 21E, INJURY OCCURRED	n ar about 21 C. WHERE DID INJURY OCCUR?	(If in Boltimo	AUSES OF DEATH?
ICAL CERTIFIC	TO THE DEATH DISEASE OR CONDITI 19A.DATE OF OPERAT 21A.ACCIDENT WAS OR CONTRIBUTING DEATH (notify medical	ION CAUSING IT	ORMED 21B. PLACE OF INJURY (e.g., hame, farm, factory, street, cetc.)	n ar about 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimo	AUSES OF DEATH?
MEDICAL CERTIFIC	TO THE DEATH DISEASE OR CONDITI 19A. DATE OF OPERAT 21A. ACCIDENT WAS OR CONTRIBUTING DEATH (notify medical 21D. TIME (Manth) OF INJURY (APPROX.) 22. I certify that (1)	ION CAUSING IT ION 198. CONE WAS PERF UNDERLYING CAUSE OF examiner) (Doy) (Year)	21B. PLACE OF INJURY (e.g., hame, farm, factary, street, cetc.) (Hauri) 21E. INJURY OCCURRED While At Not White At Work attended the deceased fram	n ar about 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimo	AUSES OF DEATH?
MEDICAL CERTIFIC	TO THE DEATH DISEASE OR CONDITI 19.A. DATE OF OPERAT 21.A. ACCIDENT WAS OR CONTRIBUTING DEATH (notify medical 21.D. TIME OF INJURY (APPROX.) 22. I certify that (1) that (1) (we) last sa	ION CAUSING IT ION 198. CONE WAS PERF UNDERLYING CAUSE OF examiner) (Doy) (Year) (this hospital)	ORMED 21B PLACE OF INJURY (e.g., hame, farm, factary, street, etc.) (Haun) 21E, INJURY OCCURRED While A1 Nork attended the deceased fram	n ar about 21C. WHERE DID ffice bidg., NJURY OCCUR? 21F. HOW DID INJU	(If in Boltimo	AUSES OF DEATH? TO City, give exact foo
MEDICAL CERTIFIC	TO THE DEATH DISEASE OR CONDITI 19.A.DATE OF OPERAT 21.A. ACCIDENT WAS OR CONTRIBUTING DEATH (notify medical 21.D. TIME OF INJURY (APPROX.) 22. I certify that (I) that (I) (we) last sa and hour and fram the	ION CAUSING IT ION 198. CONE WAS PERF UNDERLYING CAUSE OF examiner) (Doy) (Year) (this hospital)	21B. PLACE OF INJURY (e.g., hame, farm, factary, street, cetc.) (Hauri) 21E. INJURY OCCURRED While At Not White At Work attended the deceased fram	n ar about 21C. WHERE DID ffice bidg., NJURY OCCUR? 21F. HOW DID INJU	(If in Boltimo	AUSES OF DEATH? re City, give exoct foo
MEDICAL CERTIFIC	TO THE DEATH DISEASE OR CONDITI 19.A. DATE OF OPERAT 21.A. ACCIDENT WAS OR CONTRIBUTING DEATH (notify medical 21.D. TIME OF INJURY (APPROX.) 22. I certify that (1) that (1) (we) last sa	ION CAUSING IT ION 198. CONE WAS PERF UNDERLYING CAUSE OF examiner) (Doy) (Year) (this hospital)	21 & PLACE OF INJURY (e.g., hame, farm, factary, street, cetc.) (Haur) 21 E. INJURY OCCURRED While At Not White At Work attended the deceased from additional and above. (1) (We) (did) (did nat)	n ar about 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID INJU 19	(If in Boltimo	AUSES OF DEATH? TO City, give exact foo
MEDICAL CERTIFIC	TO THE DEATH DISEASE OR CONDITI 19.A.DATE OF OPERAT 21.A. ACCIDENT WAS OR CONTRIBUTING DEATH (notify medical 21.D. TIME OF INJURY (APPROX.) 22. I certify that (I) that (I) (we) last sa and hour and fram the	ION CAUSING IT ION 198. CONE WAS PERF UNDERLYING CAUSE OF examiner) (Doy) (Year) (this hospital)	OTTON FOR WHICH OPERATION ORMED 21B. PLACE OF INJURY (e.g., hame, farm, factory, street, etc.) (Hour) 21E. INJURY OCCURRED While At Nork attended the deceased fram d alive an ed abave. (1) (We) (did) (did nat)	n ar about 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID INJU 19	(If in Boltimo	AUSES OF DEATH? re City, give exoct foc
MEDICAL CERTIFIC	TO THE DEATH DISEASE OR CONDITION 19.A.DATE OF OPERAT 21.A. ACCIDENT WAS OR CONTRIBUTING DEATH (notify medical 21.D. TIME OF INJURY (APPROX.) 22. I certify that (I) that (I) (we) last sa and hour and fram the condition of the	UNDERLYING DE CAUSE OF examiner) ((boy) (Year) (this hospital) (this hospital) (this decease the causes state	(Hour) 21E. INJURY OCCURRED While At North Mat Work attended the deceased fram ad alive an M.D. Att M.D. Att Phy	n ar about 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID INJU 19	IN CERTIFYING C. (If in Boltimo RY OCCUR? (a. 7. ta	re City, give exact foc





VS 150-REV. 1/1/65

IMPORTANT

FUNERAL DIRECTOR:

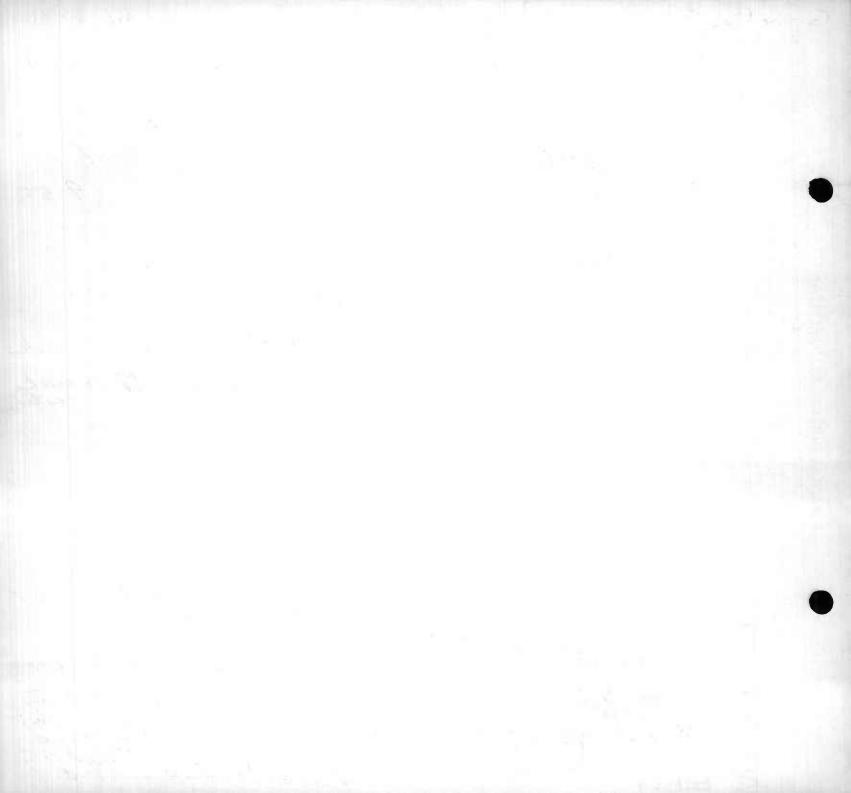
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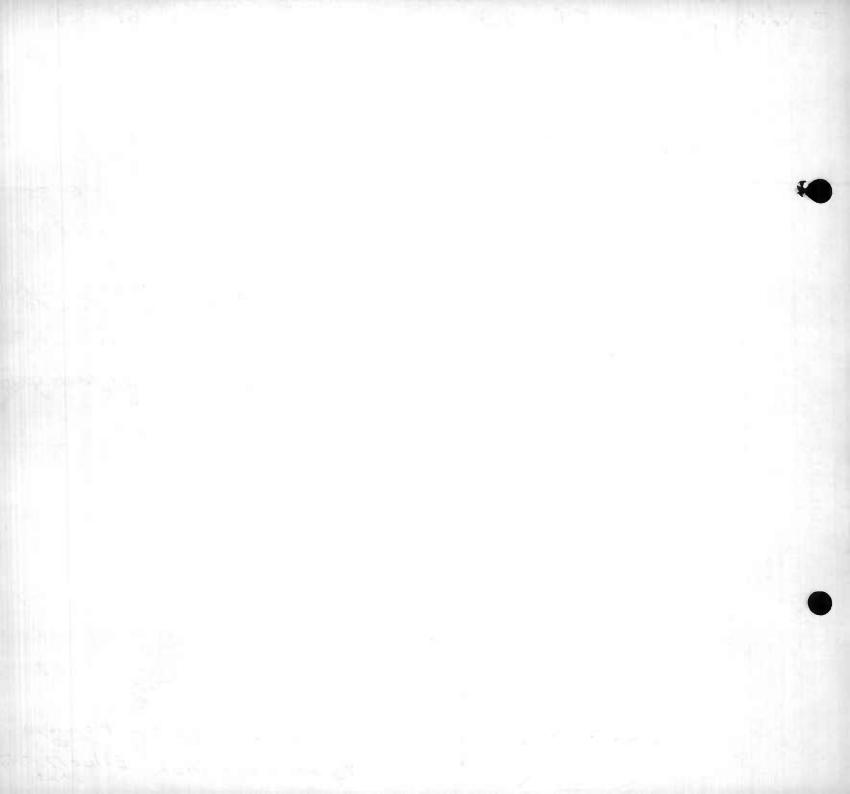
BALTIMORE CITY HEALTH DEPARTMENT

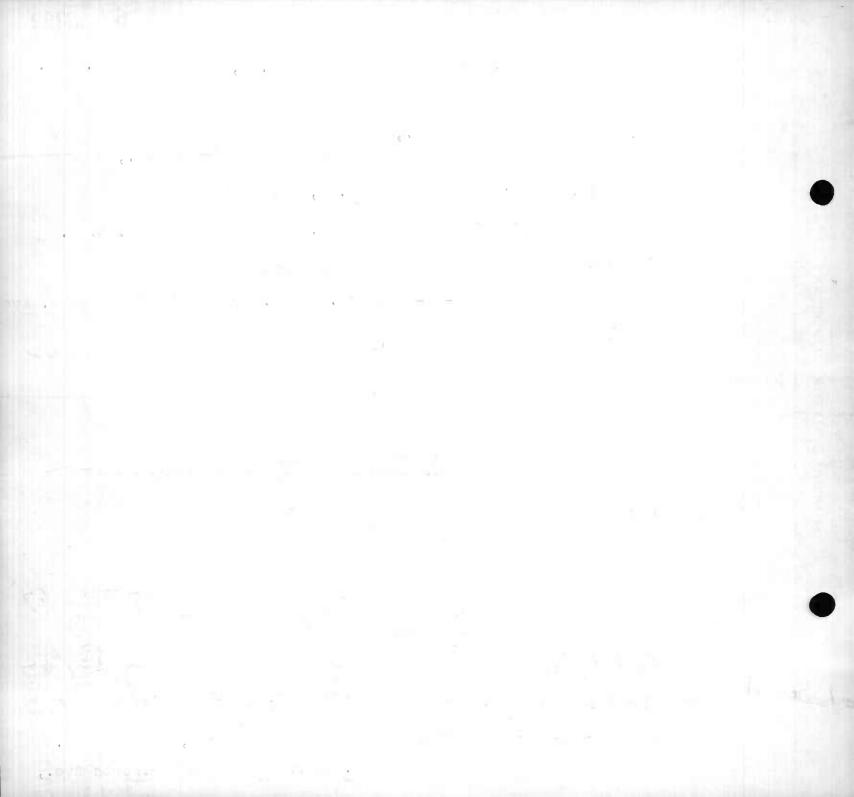
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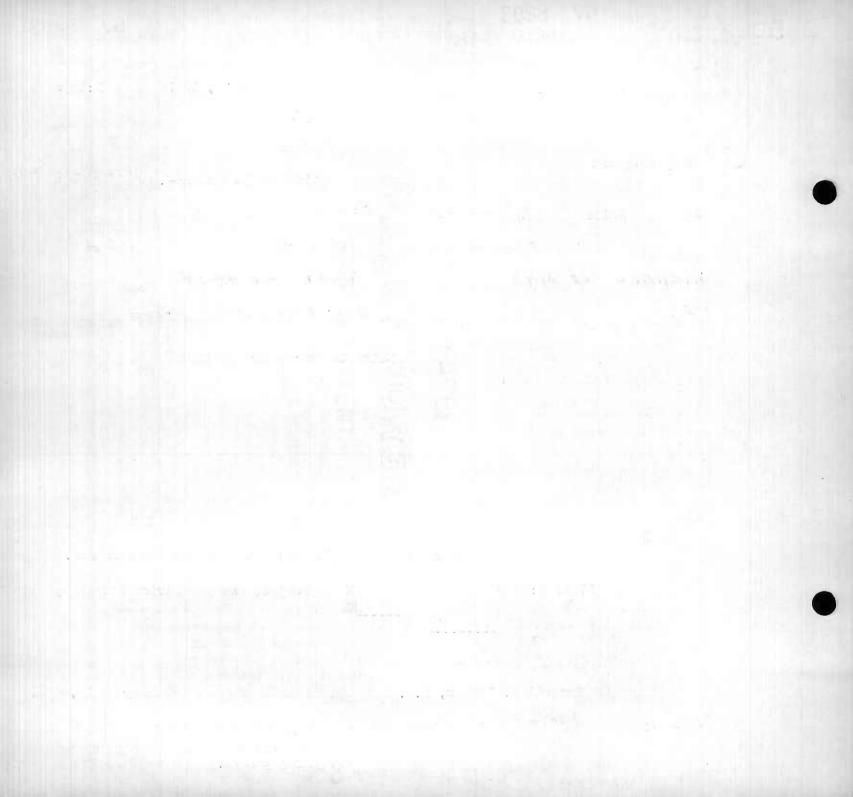
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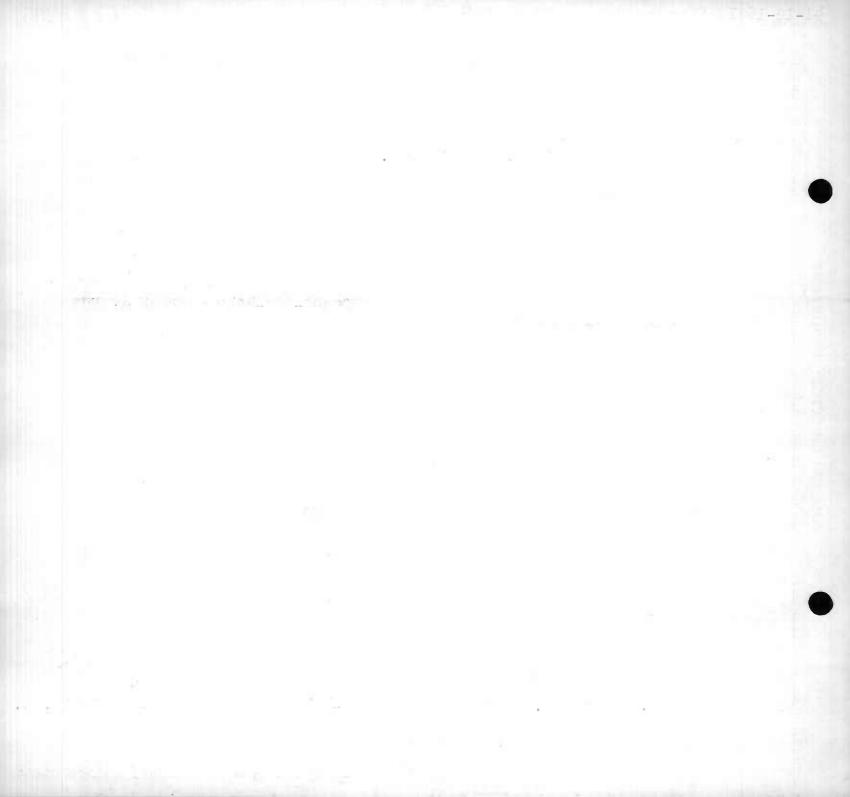




BALTIMORE CITY HEA	CERTIFICATE OF DEATH Registered No. 67 8293					
	EKTIFICATE OF DEATH REGISTERED NO.					
M.E. CASE NO. 1. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD					
(Type or Print)						
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	August 28, 1967 2:10 a M. 4. USUAL RESIDENCE (Where deceased lived. If institution: rasidence before admission) A. STATE B. COUNTY					
FULL NAME OF (IF NOT)N HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)					
/	Baltimore 34-00					
/ City Hospital	D. STREET ADDRESS (If rural, give locosion) 1626 GAIL RJ					
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	18. DATE OF DIRTH 9. AGE (In years If Under 1 Yr.) If Under 24 Hrs					
WIDOWED, DIVORCED(specify)	FEB 5 192 (lost birthday) Months, Days, Haurs, Min.					
Male White MAKKIED 10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTR	RY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF					
done during most of warking lite, even if retired) EASTERN S 5	W. VA. USA					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
MICHAEL DE MAO	MARY AMBROSE					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 116. SOCIAL	17. INFORMANT ADDRESS					
(Yes, no or unknown) (If yes, giva war or dotes of service) SECURITY NO.	PANNE 55					
	BONNIE DE MAO ABOVE INTERVAL BETWEEN					
128/XIT	ONSET AND DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH M	ultiple traumatic injuries					
(This does not meon the mode of dying a.g., heart failura, asthania, etc. It means tha disease, injury ar complication which caused daoth.)						
ANTECEDENT CAUSES						
DISEASES OR CONDITIONS, IF ANY, GIVING (8)						
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.						
Z (C)						
OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
	20 A. AUTOPSY? (Yas at No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
	YES YES					
Q 21A, EXTERNAL CAUSE WAS 21B, PLACE OF INJURY (a.g., UNDERLYING OR CONTRIB- hame, farm, factory, straat,	, in ar about 21C. WHERE DID (If in Baltimare City, give exact lacation) affica bldg., INJURY OCCUR?					
UNDERLYING OR CONTRIB-	in front of 1010 Old Eastern Ave.					
21D TIME (Month) (Day) (Yeor) (Haur) 21E. INJURY OCCURRED						
	work X Subject was pedestrian struck by auto					
22						
	utopsy and that an this basis, death in my opinian					
resulted fram: Natural causes Accident XX Suici	de Hamicide Undetermined manner					
ACTUAL (1800)	CHIEF MEDICAL EXAMINER XX DATE SIGNED					
SIGNATURE M.	D. ASSISTANT MEDICAL EXAMINER					
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER					
NAME (Type) Russell S. isher, M.D. 23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY	ar CREMATORY 23D. LOCATION (City, town, or county) (Stote)					
REMOVAL (Spacify)						
LAST CAR C	SROVE MORGANTOWN W.VA.					
24A. DATE REC'D 8Y HEALTH DEPT. 248, NAME OF REGISTRAR	SROVE MORGAN TOWN W. VA. 24C. FUNERAL DIRECTOR 300 MACE					
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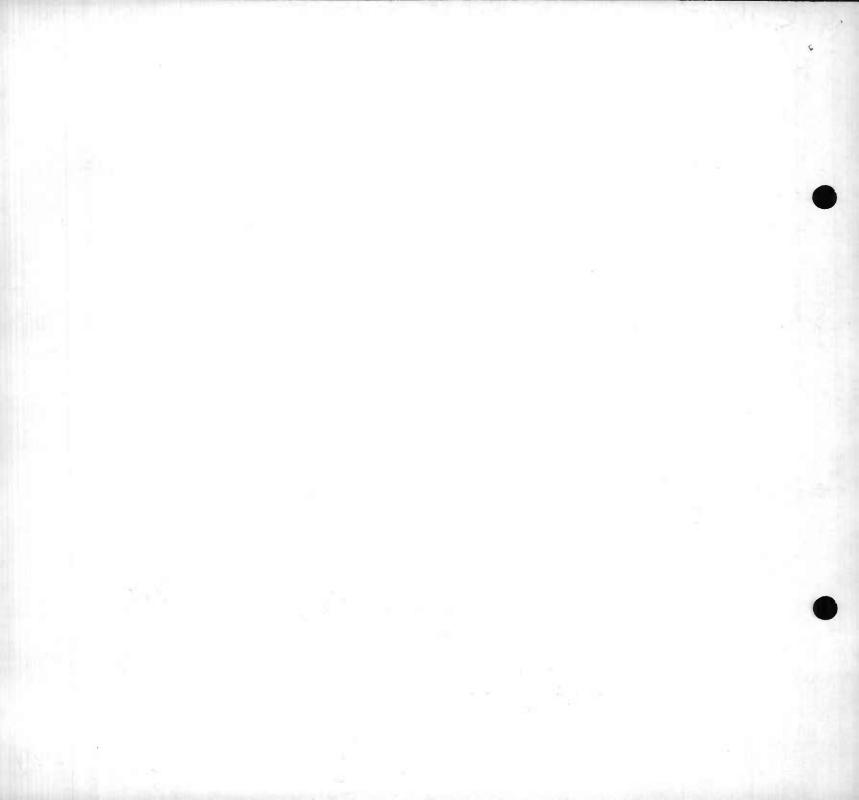
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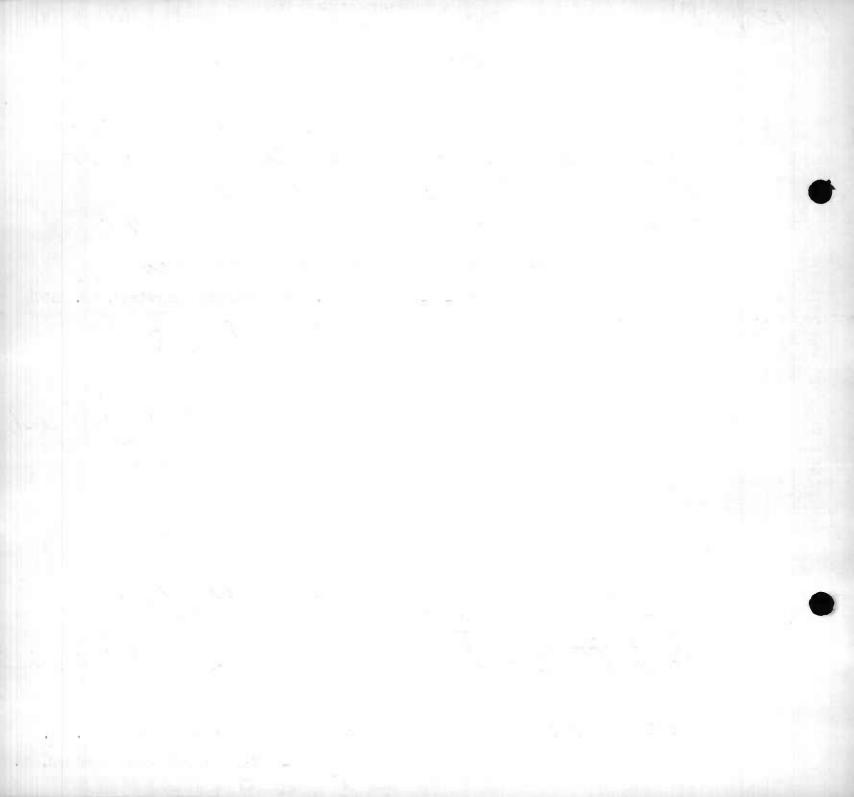
FUNERAL DIRECTOR: IMPORTANT

	67	PALTIMORE CIT			6/ 0000		
	TH NO. 01. C	CERTIFICA	ATE OF DEATH	Registered No	07 0238		
1, N	E. CASE NO. HAME OF DECEASED Pe or Print) ORL	Kaplan	2. DATE AN	to HOUR OF DEATH	7 130 6		
	PLACE OF DEATH IN BALTIMORE, MARYLAND	V	4. USUAL RESIDENCE (Mos	e deceased lived. If inst	titution: residence before admis		
1	FULL NAME OF (If not in hospital or instituted by the control of t	Lane -	C. CITY OR TOWN III out	side city limits, write RU	JRAL and give township)		
7	-ountainaries Cop	la apto	D. STREET, ADDRESS III wool, give locotion and a many of the control of the contr				
5. s		RRIED, NEVER MARRIED OWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 7. If Under 24 Months Doys Hours Mi		
	USUAL OCCUPATION (Give kind of work 108, KIN to during most of working life, even if retired)	DO OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRYS		
13,	FATHERS NAME	Home	14. MOTHER'S MAIDEN NA	ME, MA.	1011		
	Was Deceased Ever in U. S. Armed Forces? s,no or unknown (If yes, give wor or doles of sen	Vice) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS Lan		
	No	UNKNOWN !	nis George Sill	erman-3	632 Fords		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE	OF DEATH	Ray on	INTERVAL BETWEEN ONSET AND DEATH		
	(This does not meon the made of dying, heart foilure, asthenia, etc. If meons the dis injury ar camplication which coused death.)		1/		111		
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TION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, grise to the above cause (A) stating UNDERLYING CONDITION last.	iving (C)	Non Hel	MNs.	gras		
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				A. STATE B. CO	UNTY		
	FULL NAME O HOSPITAL OR INSTITUTION	oddress or location	or institution, give street	C. CITY OR TOWN (If outside city limits, write RURAL and give town)			
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1					(If rurol, give location)		
5.	Friedler	rs Nursing Hon	10. MARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., I	
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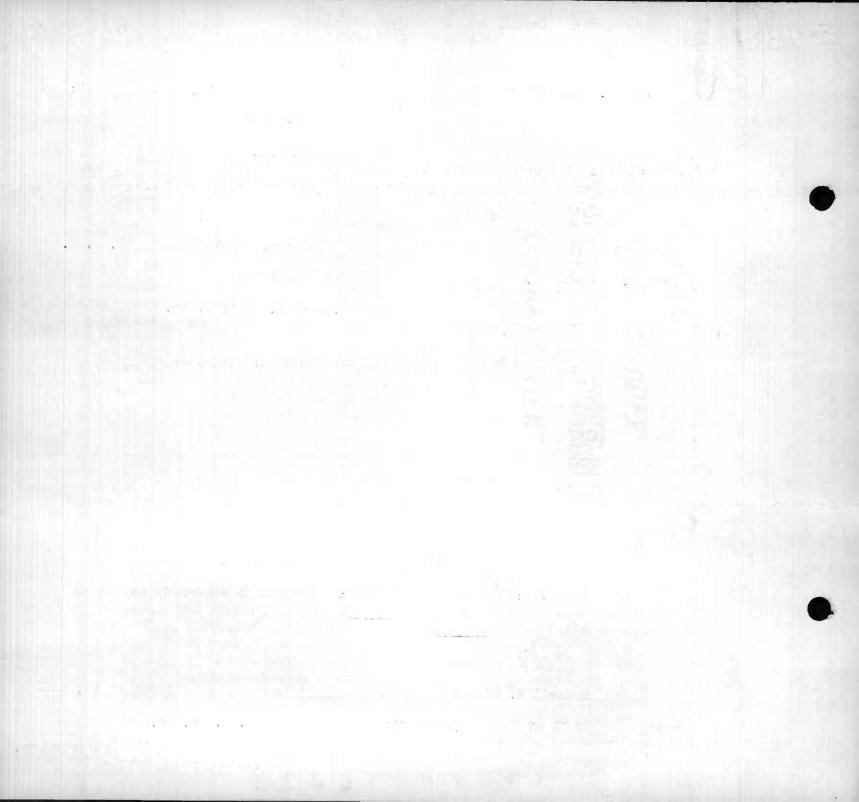
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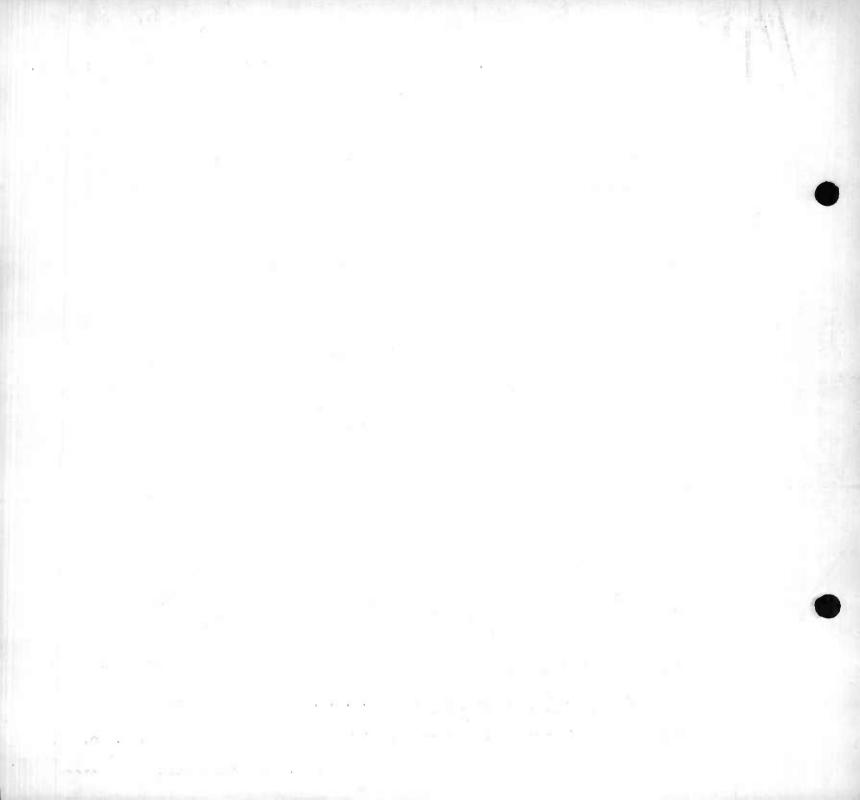
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MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No BIRTH NO. M.E. CASE NO. 2. DATE AND HOUR PRONOUNCED DEAD 1. NAME OF DECEASED (Type or Print) August 28, 1967 12:10 ам. LEO W ELLIOTT

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE
B. COUNTY Maryland FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN. (If autside corparate limits, write RURAL and give tawnship) ADDRESS OR LOCATION Baltimore D. STREET ADDRESS (If rural, give lacation) South Baltimore General Hospital 21 225 604 Old Riverside Road If Under 1 Yr. If Under 24 Hrs. B. DATE OF BIRTH 7. MARRIED, NEVER MARRIED 9. AGE (In years 6. RACE lost birthdoy Manths, Doys, Hours, Min. WIDO WED, DIVORCED (specify) Single White 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? dane during mast of warking life, even if retired) U. S. A. Baltimore, Maryland Student 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mae Hutchinson Paul R. Elliott Sr. ADDRESS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SO CIAL 17. INFORM ANT SECURITY NO. (Yes, na ar unknown),(If yes, give war ar dates of service) Mr. Paul R. Elliott, Sr. 604 Old Riverside Ro No INTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Craniocerebral injuries DUE TO (This daes not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 9A. DATE OF OPERATION 119B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes at No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 218. PLACE OF INJURY (e.g., in ar about 21 C. WHERE DID (If in Baltimare City, give exact location) hame, farm, factory, street, affice bldg., NJURY OCCUR? 21A. EXTERNAL CAUSE WAS etc.) UTING CAUSE OF DEATH. Bridge Curtis Creek Bridge 21E. INJURY OCCURRED 21D TIME (Month) (Doy) (Yeor) (Haur) OF INJURY NOT WHILE (APPROX.) WHILE AT Subject in auto-auto collision 67 4:10m. WORK 22. Autopsy X ond that on this bosis, death in my opinion Inspection ___ Inquiry Accident X Suicide Homicide Undetermined monner resulted from: Notural couses CHIEF MEDICAL EXAMINER X DATE SIGNED M.D. ASSISTANT MEDICAL EXAMINER ACTUAL SIGNATURE. ASSOCIATE MEDICAL EXAMINER EXAMINER'S August 28, 1967 NAME (Type) Russell S. Fisher 23 D. LOCATION (City, tawn, or county) 23A. BURIAL CREMATION, 23C. NAME of CEMETERY of CREMATORY 23B. DATE REMOVAL (Specify) A. A. Co. Md. 8/31/67 Cedar Hill Burial ADDRESS 248, NAME OF REGISTRAR 24C. FUNERAL DIRECTOR 24A. DATE REC'D BY HEALTH DEPT. 237 Patapsco Ave. Honoral





IRTH NO.	MED	CAL EX	(AMINER'S CI	ERTIFICA?	TE OF D	EATH Registe	red NO.	0004	
A.E. CASE NO.									
NAME OF DEC	CEASED	2. DATE AND HOUR PRONOUNCED DEAD							
DOLLY TANKAR				August 25, 1967					
. PLACE IN BALT	IMORE, MARYLAND, W	HERE PRONOL	August 25, 1967 6:20 P. M. 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission B. COUNTY						
ULL NAME OF IOSPITAL OR NSTITUTION	(IF NOT IN HOSPITA	AL OR INSTITU	Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)						
0				Baltimore					
2510 Shirley Avenue				D. STREET ADDRESS (If rurol, give locosion) 2510 Shirley Avenue					
- ev	1, 200	12 111222					1011		
SEX	6. RACE		NEVER MARRIED DIVORCED (specify)	B. DATE OF. BIRTI	1.	9. AGE (In years lost birthdoy)	Months	Doys Hours M	
Female	Female Negro Widow USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR			Dec. 1	5. 1878	88			
DA. USUAL OCCI	UPATION (Give kind of worl working life, even if retired)	108. KIND OF	BUSINESS OR INDUSTRY	11. SIRTHPLACE	State or foreign	country)	12. CITIZE	EN OF T COUNTRY?	
House W								S.A.	
3. FATHER'S NAM				14. MOTHER'S M.	AIDEN NAME				
Jacob	Brickhouse			Bandha	Tanaha				
5. WAS DECEASE	D EVER IN U.S. ARMED		16. SO CIAL	17. INFORMANT	- PECODS.	h.	ADDRESS		
es, no or unknown	(If yes, give wor or dote	s of service	SECURITY NO.	Elizabet	h Finney	, 2510 Sh	irlev	Ave	
1B. // 3	31/		CAUSE	OF DEATH				INTERVAL BETWE	
OTHER SIGN	OR CONDITIONS, IF A E ABOVE CAUSE (A) S' NG CONDITION LAST. II NIFICANT CONDITIONS DEATH BUT NOT RE CONDITION CAUSING	CONTRIBUTING							
19A. DATE OF	OPERATION 198, CON WAS PER	DITION FOR	WHICH OPERATION	20 A. AUTOPSY		OB. IF YES, WERE FIN N CERTIFYING CAUS			
UNDERLYING	L CAUSE WAS OR CONTRIB- ISE OF DEATH.	21 B. home etc.)	PLACE OF INJURY (e.g., i , form, foctory, street, o	n or obout 21 C. W	HERE DID (IF	in Boltimore City, giv	re exoct lo	cotion)	
21 D TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeo	v	WHILE AT NOT WORK AT W	WHILE	AULNI DID WC	Y OCCUR?			
110/11	tify that I held an I	nquiry 🗌	. [77]	apsy and	de 🗌 Ur	basis, death in m		1	
ACTUAL	144	, 6)		EDICAL EXA	DENC.		DATE SIGNE	
SIGNAT		1/	2 (M.D.	ASSISTANT M	EDICAL EXA	MINER X		- 1 1	
EXAMIN NAME (Type)	r U. Sp	itz, M.D.	ASSOCIATE M	EDICAL EXA	AMINER _		8/26/67	
3A. BURIAL CRE		. 23	C. NAME of CEMETERY o	CREMATORY	23 D. LO	CATION (City,	town, or c	county) (Stote	
Burial		1, 1967	Mt. Callvan	ry	By	more . Va.			
4A. DATE REC'D	BY HEALTH DEPT.	24B. NAME	OF REGISTRAR		AL DIRECTOR		A	DDRESS	
	AUG 3 0 1967	Robert	E, FarbeyMa	Charle	s R. La	w 802 Madis	ion 4-		
/S 151-REV. 1/1/	65	9 6	1000	8 3	2 1		OII MY	-0	
				-					

The state of the s 4 9 Handle Janobel althau AND THE PERSONS AND THE PERSONS AND

Parish Lands 2, 1000 M. Talvers

AND HER RES JUSTICES IN SEC.

8-60

67 8305 BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered 167 8305

M.E. CASE NO.									
1. NAME OF DE					2. DATE AND H	OUR PRONOUNG	ED DEAD		
JUNI	US EULINEAN	BROWN		August 27, 1967 10:30 a M.					
3. PLACE IN BAL	TIMORE, MARYLAND, W	VHERE PRONO	UNCED DEAD	4. USUAL RESID	ENCE (Where dec	eosed lived. If ins B. CO	titution: reside	ence before odmission)	
FULL NAME OF	(IF NOT IN HOSPIT	Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)							
HOSPITAL OR	ADDRESS OR LOC								
no.		Baltimore							
1704	N. Monroe St	reet		D. STREET ADDI	RESS (If iuiol, giv	e locotion)			
5. SEX	6. RACE	7 AA ABBIED	NIEVED AA ARRIED	B. DATE OF BIRT	N. Monro	oe Street 9. AGE (In years lost birthday)	I If the design	V ((I) (- 24))	
). 3EK	o. KACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)				Months Doys Hours Min.			
Male	Colored	Marr		April 3,		59			
	UPATION (Give kind of working lite, even if retired)		F BUSINESS OR INDUSTRY				12. CITIZEN	OF COUNTRY?	
Laborer		Constr	uction		Co., Virg	dinia	U.S.	A.	
3. FATHER'S NAM				14. MOTHER'S MAIDEN NAME					
	y Brown			Pattie					
	D EVER IN U.S. ARMEI		16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS		
No			220-07-5422	Adell H	Brown - 17	704 N. Moi	aroe St	•	
1B. /	31.		CAUSE	OF DEATH				NTERVAL BETWEEN	
DISEA	SE OR CONDITION D	IDECTI V					9	ONSET AND DEATH	
	LEADING TO DEATE	Н	(A) Ar	terioscle	rotic Care	liovascul.	ar		
heort foilure	not mean the made o , asthenia, etc. It mean	s the discose,	DUE TO		Disease	PER SOC. S. SPE SOC SOC SOC SOC			
injury or co	mplication which caused	deoth.)			220000				
1	ANTECEDENT CAUSE	S	(D)						
RISE TO TH	OR CONDITIONS, IF		DUE TO			*********************			
UNDERLYI	NG CONDITION LAST.								
ŏ			{ C}					4 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
OTHER SIGNOTHER	li NIFICANT CONDITIONS	CONTRIBUTI	NG						
O THE	DEATH BUT NOT RE	ELATED TO							
19A. DATE OF	F CONDITION CAUSIN		WHICH OPERATION	20A, AUTOPSY	? Yes or No) 208	IF YES. WERE F	INDINGS CO	N SIDERED	
0		RFORMED			IN	CERTIFYING CAU	SES OF DEA		
ZIA. EXTERNA	L CAUSE WAS	21 8.	PLACE OF INJURY (e.g.,		ES	YE:		otion)	
	OR CONTRIB-	hometc.)	e, lorm, foctory, street, c	olfice bldg., INJURY	OCCUR?				
7) (1)	THE INTERNATIONAL OF CHIRDS	015 114	OW DID INTERV	0.00000	-11		
OF INJURY	(Month) (Doy) (Yes		21E. INJURY OCCURRED		OW DID INJURY	OCCOR?			
(APPROX.)		m.	WHILE AT NOT	WHILE ORK					
22.	tify that I held an	Inquiry .	Inspection Aut	tapsy X and	d that an this b	asis, death in	my apinlan		
	Ited fram: Natural co	E-773	Accident Suicid			etermined mann			
		2	accident Juicia		EDICAL EXAM		01		
ACTUA	1 Ach	Call.	/					DATE SIGNED	
SIGNAT		nu	M. D.	•	EDICAL EXAM				
EXAMIN NAME (- \	11 0 0	ichem M.D.	ASSOCIATE M	EDICAL EXAM		A	20 1067	
23A, BURIAL CRE	MATION, 238. DATE		isher, M.D.	CREMATORY	23D. LOC		August		
REMOVAL (Specif	8-31-	67	Mt. Auburn		Pol4	imone W	mrland		
	BY HEALTH DEPT.		OF REGISTRAR	240 5115150		imore, Ma		DRESS	
ZHA. DATE REC'D	DI HEALIN DEFI.	. Z46. NAME	OF REGISTRAR	Char	les R. Le	K 802 M	AL AL	DDRESS	
	AUG 3 0 1967	(P Q . B	E Falley MA	0		W OUZ MI	ulson A	rve.	
VS 151-REV, 1/1		The state of		8 3	3 5			1.	

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29/18/19/2

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VS 151-REV. 1/1/65

67 8307 BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered NO. 7 8307

M.E. CASE NO.							
1. NAME OF DECEASED (Type or Print) TAME	C D C	AIINDEDC		TE AND HOUR PRON			
(Type or Print) JAME	S P. S.	AUNDERS	A	ugust 24, 1	967	11:50	A. M.
CERTIFICATI	WHERE PRONO!	ENDED	4. USUAL RESIDENCE (A. STATE Mary1		If institution: resi	dence before	odmis sion)
HOSPITAL OR ADDRESS OR LO		9-6-67	C. CITY OR TOWN (If	outside corporate limit	s, write RURAL o	nd give towr	nship)
^ ^)=0=0	Balti D. STREET ADDRESS (11-	-0
442 Orchard Str	eet		411 W	. Biddle St	reet		
5. SEX 6. RACE			8. DATE OF BIRTH	9. AGE (In		r 1 Yr. If Un	
Male Negro	Marr		July 29, 1928			Doys Hou	rs Min.
10A. USUAL OCCUPATION (Give kind of videne during most of working life, even if retire	d) (b		11. BIRTHPLACE (Stote o	r foreign country)		T COUNTRY	1?
Bulldozer Operator	Potts	& Callahan	Rockymount		Ū,	S.A.	
13. FATHER'S NAME	,		14. MOTHER'S MAIDEN				
Jack Saunders			Laura Wil	lliams			
15. WAS DECEASED EVER IN U.S. ARM (Yes, no or unknown), (If yes, give wor or d		16. SO CIAL SECURITY NO.	17. INFORMANT		ADDRES		
no			Lula Mae	Saunders- 41	ll W. Bidd	dle St.	
LEADING TO DEA (This does not mean the mode heart foilure, ostherno, etc. It meiniury or complication which couse ANTECEDENT CAU DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LAS	of dying, e.g., ons the disease, of death.) SES ANY, GIVING STATING THE	(A) Guns DUE TO (B) DUE TO (C)	show wound of	chest			
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAUSE 19A. DATE OF OPERATION 19B. C WAS P	RELATED TO T	HE					
11/4	ERFORMED	WHICH OPERATION	Yes		CAUSES OF DE		
V 21A, EXTERNAL CAUSE WAS O UNDERLYING OF CONTRIB- UTING □ CAUSE OF DEATH.	21 B. home etc.)	PLACE OF INJURY (e.g., i , form, foctory, street, o house		DID (If in Boltimore UR? Tchard Stre		ocation)	
3	eor) (Hour) 2	1E. INJURY OCCURRED		D INJURY OCCUR?			
OF INJURY (APPROX.) 8-24-67 11	:40 A. m.	WHILE AT NOT W	WHILE X -Unde	termined- A	llegedly	shot s	elf
22. I certify that I held on				an this bosis, deo		n	
resulted from: Natural	couses	ccident Suicide	Homicide .	Und fermine	mannex XX Z		
ACTUAL Charl	1.	Jack M. D.	ASSISTANT MEDICA	L EXAMINER		DATES	IGNED
EXAMINER'S Charle	s S. Spr	ingate, M.D.	ASSOCIATE MEDIC	AL EXAMINER	August	24, 1	967
23A, BURIAL CREMATION, 23B. DATE	23	C. NAME OF CEMETERY OF	CREMATORY	23D. LOCATION	(City, town, or	county)	(Stote)
Burial 8-29	-67	Mt. Auburn		Baltimore	W		
24A. DATE REC'D BY HEALTH DEPT.		OF REGISTRAR	24C. FUNERAL DIR			ADDRESS	
AUG 3 0 19	167 R.O.	BE Farley	Chamles	_	Madison	Ive	

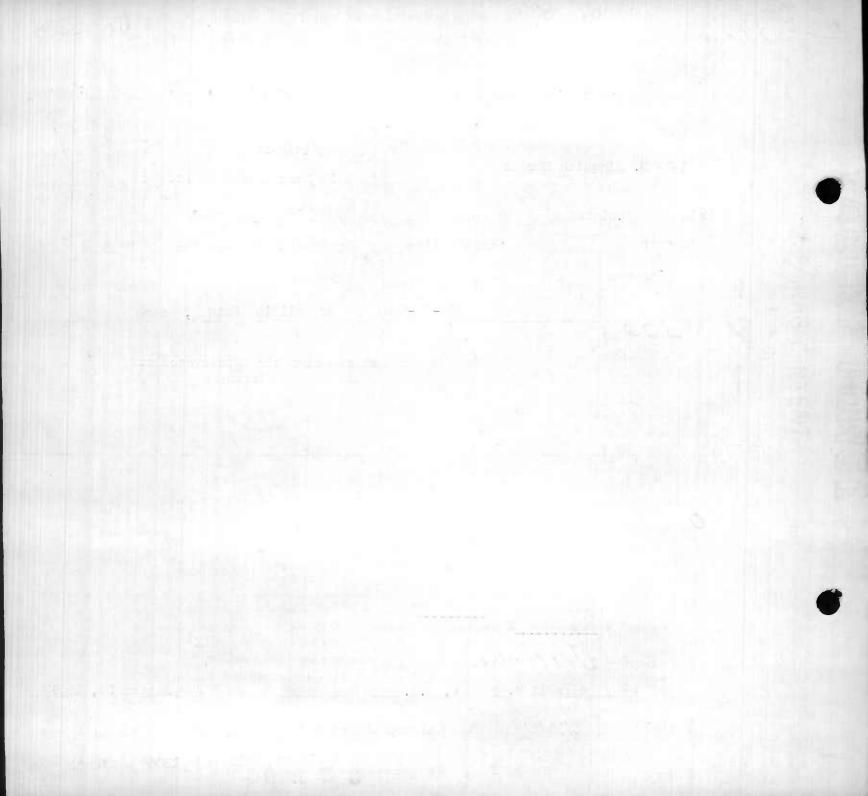
Sandyness, conf. 1. 2

ACCOUNT OF THE PROPERTY AND ADDRESS.

that doubt broughter forther a later forth and

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

ALE GAST NO	
M.E. CASE NO. 1. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD
(Type or Print)	August 20 1067 0.20 2 4
PERRY LOMAX 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL	August 28, 1967 9:20 a M. RESIDENCE (Where deceased lived, If institution: residence before admission
A. STATE	Maryland
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OF	R TOWN (II outside corporate limits, write RURAL and give township)
INSTITUTION	0.07
D. STREET	Baltimore ADDRESS (If rural, give location)
1424 N. Alsquith Street	
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF	24 North Aisquith Street BRTH 9. AGE (In yeors Under 1 Yr, Under 24 Hr.
WIDOWED, DIVORCED(specify)	last birthday) Months Doys Hours Min.
Male Colored Widowed 12,	/15/16 51
10A, USUAL OCCUPATION (Give kind of work 08. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPL done during most of working life, even if retired)	ACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Laborer Construction Gre	enwood S Carolina W S A
13. FATHER'S NAME	R'S MAIDEN NAME
Unknown	mown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 17. INFORM	
Was and an analysis of the second of the sec	r Willie Tate . same
18. 422./ I CAUSE OF DEATH	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
(This does not meon the mode of dying, e.g., DUE TO	sclerotic Cardiovascular
heart foilure, asthema, etc. It means the disease, injury or complication which coused death.)	Disease
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
UNDERLYING CONDITION LAST.	
Ŏ	
OF TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AU WAS PERFORMED	
TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING IT.	TOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
₹ 21 A, EXTERNAL CAUSE WAS 21 B, PLACE OF INJURY (e.g., in or obout)	NO VHERE DID. (If in Boltimore City, give exact location)
O UNDERLYING OR CONTRIB-	21C. WHERE DID (If in Boltimore City, give exact location) NJURY OCCUR?
UTING CAUSE OF DEATH.	
21D TIME (Manth) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 2	TE. HOW DID INJURY OCCUR?
(APPROX.) WHILE AT NOT WHILE OF AT WORK	
22.	
I certify that I held on Inquiry Inspection XX Autopsy	ond that on this basis, deoth in my opinion
resulted from: Natural couses X Accident Suicide H	omicide Undetermined monner
OI / A CHI	EF MEDICAL EXAMINER X
ACTUAL ASSISTAL	NT MEDICAL EXAMINER
	TE MEDICAL EXAMINER
EXAMINER'S ASSOCIA NAME (Type) Russell S. Fisher, M.D.	August 28, 1967
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY or CREMATO	
REMOVAL (Specily)	
Burial 8/31/67 Mt Calvary Comet	ONERAL DIRECTOR A County Md ADDRESS
4 90 4	UNERAL DIRECTOR
AUG 30 1967 Relieb E. FarleyMa A	dolphus Halstead 1206 W North Ave
VS 151-REV. 1/1/65	Marstead 1200 W North Ave



M.1	TH NO. 67 8309 CERTIFICATE OF DEATH Registered No. 07. 8509 E CASE NO.
(Ту;	PLACE OF DEATH IN BALTIMORE, MARYLAND 2. DATE AND HOUR OF DEATH 8. 27.67 3 P. 4. USUAL RESIDENCE (Where deceased lived. If institution; lesidence before adm A. STATE 8. COUNTY
1	FULL NAME OF (If not in hospital at institution, give steel HOSPITAL OR oddress or location) 1 STREET ADDRESS (If outside city limits, write RUTAL and give township) 1 200 UALLEY ST. BAH. MD 21202 1200 UALLEY ST. 1200 UALLEY ST.
5. 5	F WIDOWED, DIVORCED (specify) Nov. 2, 1829 lost birthday 78 Manths Days Haurs
	N. USUAL OCCUPATION (Give kind of work) 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	FATHERS NAME JOHN SKRINAK SUSAN?
15. (Ye:	Was Deceased Ever in U. S. Armed Farces? s, no or unknown Ulf yes, give war or dates of service) 2/3-07-305/0 Little Srs of the Provi
	CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., healt foilure, osthenia, etc., it means the disease, injury or complication which caused death.) ANTECEDENT CAUSES
	heatt foilure, osthenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES (B) DUE TO
	DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the (C) UNDERLYING CONDITION tast.
TIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
AL CER	WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? IN CERTIFYING CAUSES OF DEATH?
MEDIC	21D. TIME (Month) (Doy) (Year) (Hourl 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Work 21 Work 21 Work 22 While 22 While 24 Work 25 While 25 While 25 While 26 Work 25 While 27 Wh
	22. I certify that (I) (this hospital) attended the deceased from 1966 to Clear 2 7 1965 that (I) (we) last saw the deceased alive an every 2 1 1969 and that in (my) (aur) opinion death accurred an that and hour and from the causes stated obave. (I) (We) (did) (did not) view the bady after death.
	23A. SIGNATURE Landing D. Med. Director Director Phys. 23B. DATE SIGNED Phys. 23C. PHYSICIAM'S 23D. ADDRESS
24	STANley Ankudas M.D. 1200 UALLEY St. BALL MD. 212
24/	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (S BULLA Specify) A. DATE 24C. NAME of CEMETERY of CREMATORY BULLA SPECIFICATION COUNTY BULLA SPECIFICATION COUNTY COUN
1	AUG 30 1967 R. O. & E. Farluna Philip Herwing Sono Orlamont

FUNERAL DIRECTOR: IMPORTANT

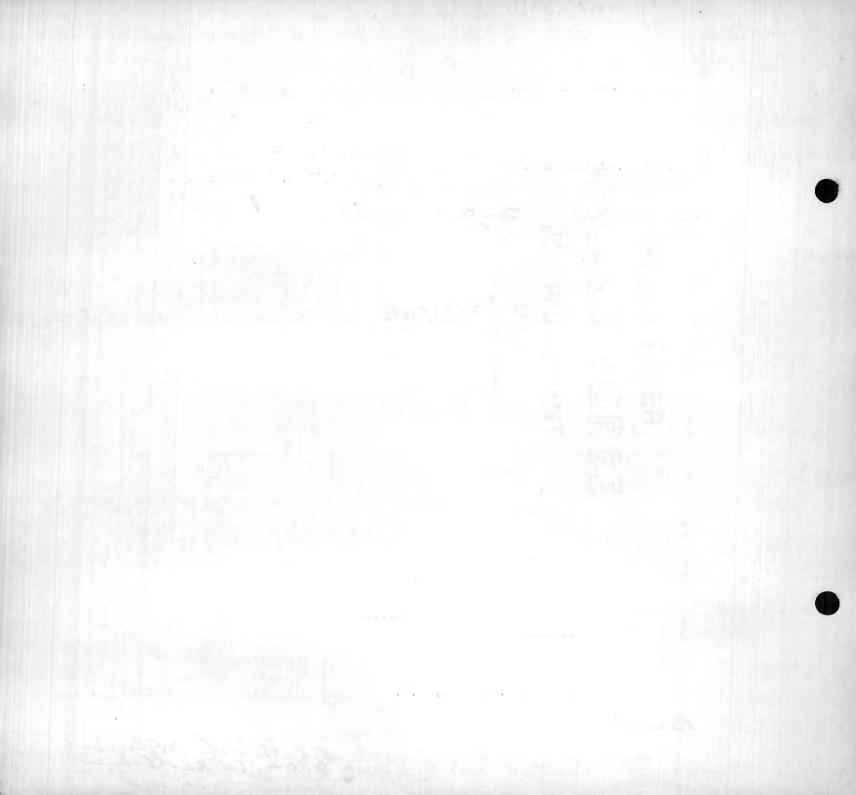
BALTIMORE CITY HEALTH DEPARTMENT



24A. DATE REC'D BY HEALTH DEPT.

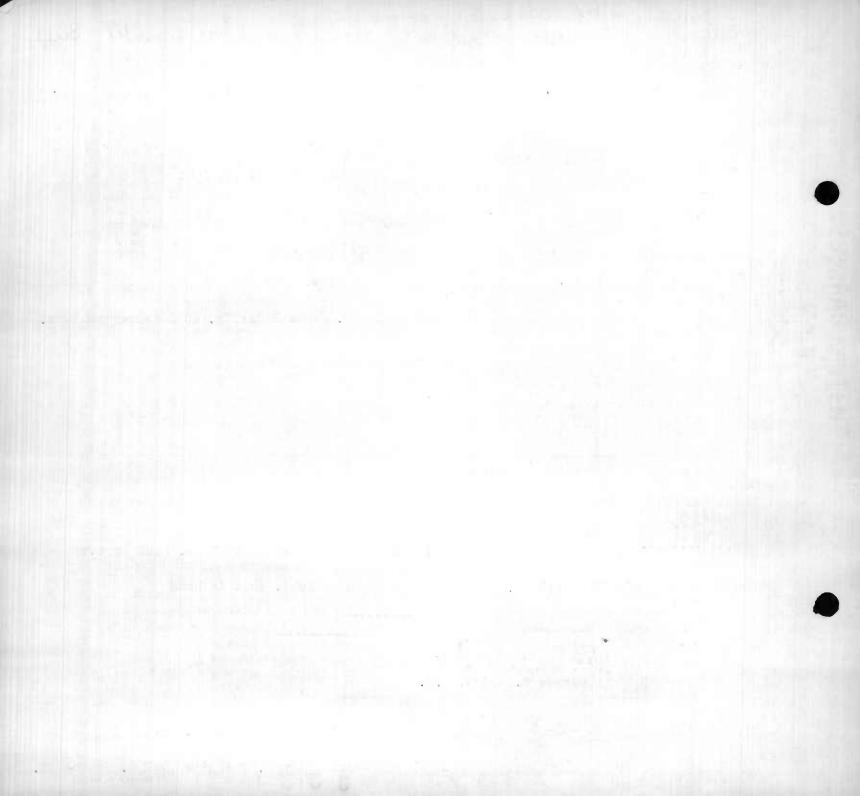
VS 151-REV. 1/1/65

248 NAME OF REGISTRAR



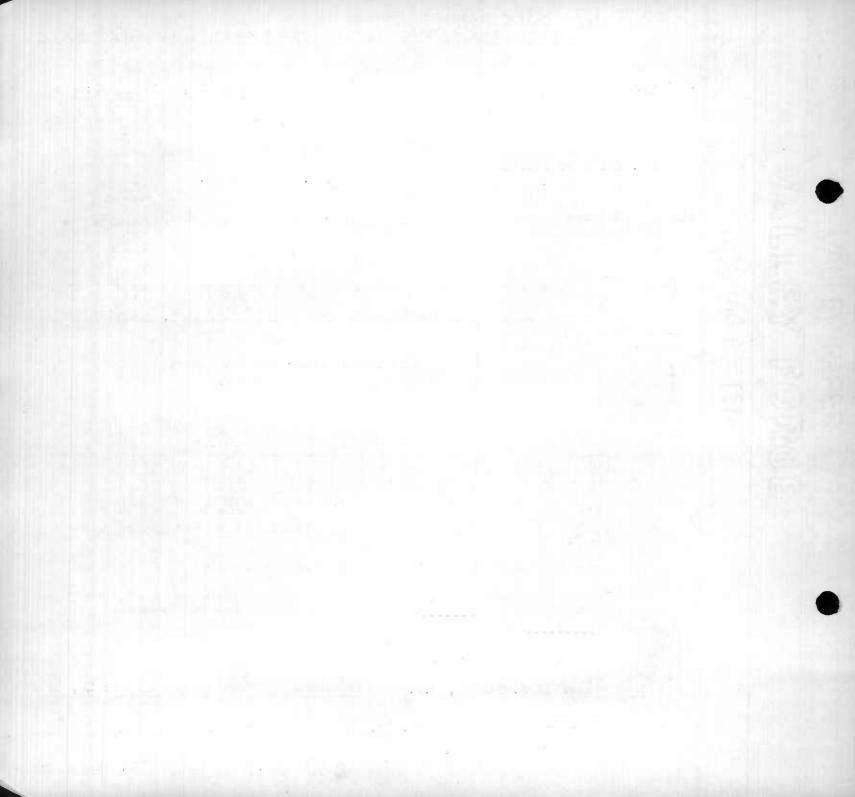
MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.67 8311

A.E. CASE NO.				
NAME OF DECEASED			2. DATE AND HOUR PRONOUN	CED DEAD
WALLACE G.	MILES		August 26, 19	67 7:10 P. M.
PLACE IN BALTIMORE, MARYLAND, WHERE	PRONOUNCED DEAD	4. USUAL RESID A. STATE Maryla	ENCE (Where deceased lived, If in	stitution: residence before admission) DUNTY
ULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION) VSTITUTION	INSTITUTION, GIVE STREET		NN (If outside corporate limits) w	RURAL and give township)
Maryland General Hospi	tal	Balti D. STREET ADD	more RESS (If rurol, give locotion)	2
0		2530	Calverton Heights	
	ARRIED, NEVER MARRIED OWEO, DIVORCED (specify)	B. DATE OF BIRT	9. AGE (In year lost birthdoy)	s If Under 1 Yr. If Under 24 Hrs. Months Ooys Hours Min.
		April 22	1.0	
Male Negro No. USUAL OCCUPATION (Give kind of work 10B. one during most of working life, even if retired)	KIND OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE	(State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
one during most or working me, even it remed)		Baltimor	e. Maryland	USA
3. FATHER'S NAME		14. MOTHER'S M	AIDEN NAME	
James Miles Jr.		France	es Horried	
5. WAS DECEASED EVER IN U.S. ARMED FORCES, no or unknown) (If yes, give wor or dotes of s		17. INFORMANT		ADDRESS
	219-50-0309	Mrs Tor	mes Miles Jr. 2530	Colventon Wate
18 Q _ / V.	1170-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	SE OF DEATH	es rifes ar, 2,5	INTERVAL BETWEEN ONSET AND DEATH
(This does not meon the mode of dyin, heart failure, astheria, etc. It means the cinjury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, OR RISE TO THE ABOVE CAUSE (A) STATIN UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM	TRIBUTING TO THE N FOR WHICH OPERATION	ot Wound o	? (Yes or No) 208, IF YES, WERE	
		Yes	VHERE DID (If in Boltimore City,	Voc
21A, EXTERNAL CAUSE WAS UNDERLYING SOR CONTRIB- UTINO □ CAUSE OF DEATH.	home, form, foctory, street, etc.) Street	office bldg., INJUR	Rear of 1807 St.	
21D TIME (Month) (Doy) (Yeor) (H	our 21E. INJURY OCCURRE	D 21F. H	OW DID INJURY OCCUR?	
(APPROX.) 8/26/67 1:15 A	. m. WHILE AT NO	WORK S	ubj. shot in head	12-07
22. I certify that I held an Inquir		[77]	d that an this basis, death in	
resulted fram: Natural causes	Accident Suic	ida 🗌 Hamici	de X Undetermined mar	nner 🗌
ACTUAL SIGNATURE (MESSAL)	-9-(-	ASSISTANT M	EDICAL EXAMINER X	DATE SIGNED
EXAMINER'S Werner U	Spitz, M.B.	ASSOCIATE N	EDICAL EXAMINER	8/27/67
3A, BURIAL CREMATION, 23B. DATE	230. NAME OF CEMETER	Y or CREMATORY		ity, town, or county) Stote)
Burial 8-31-67 4A. DATE REC'D BY HEALTH DEPT. 24B.	Baltimore	National TUNER	Baltimore, M	arylandoress
AUG 3 0 1967 (20.6-8, Fally	Arling	ton S. Phillips	1727 N. Monroe St.
/S 151-REV, 1/1/65 / C	M 6 / 1 11	0 0 1		



67 8312 BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered NG7 8312

M.E. CASE NO.							
1. NAME OF DECEASED			2.	DATE AND	OUR PRONOUNC	ED DEAD	
	ATSON			Aug	ust 28, 19	967 2:	30 а м.
3. PLACE IN BALTIMORE, MARYL	AND, WHERE PRONOU	INCED DEAD	4. USUAL RESIDEN	ICE (Where de	eased lived. If insti B. COU	itution: residence be JNTY	fore odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS CINSTITUTION	HOSPITAL OR INSTITU OR LOCATION)	TION, GIVE STREET	C. CITY OR TOWN	ryland Of outside c	orporote limits, write	RURAN and give	ownship
00 938 N. Strick	er Street		D. STREET ADDRES				
5. SEX 6. RACE	T AA ABBIED	NEVER MARRIED	B. DATE OF BIRTH	Frankli	n St.	If Under 1 Yr, If	Under 24 Hrs
S. SEA		DIVORCED (specify)	B. DATE OF BIRTH		lost birthdoy)	Months Doys	Hours Min.
Male Colore to A. USUAL OCCUPATION (Give kind done during most of working life, even i	d Never	Married BUSINESS OR INDUSTRY	Sept. 25	1905 ofe or foreign o	ountry)	12. CITIZEN OF WHAT COUN	ITRY?
13. FATHER'S NAME			14. MOTHER'S MAIL	DEN NAME			
Henry Watson			Mae	Dorsey			
15. WAS DECEASED EVER IN U.S. (Yes, no or unknown), (If yes, give wo		16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS	
		215-01-7487	Mrs Anna	Putlan	631 W.	Franklin	C+
18. / / / /			OF DEATH	Dutter	O)I Wa		AL BETWEEN
ZOUTED THE ABOVE CAUSUNDERLYING CONDITION OTHER SIGNIFICANT CONTOUR TO THE DEATH BUT DISEASE OR CONDITION OF THE DISEASE OR CONDITION OR CONDITION OF THE DISEASE OR CONDITION OF THE DISEASE OR CONDIT	CAUSES NS, IF ANY, GIVING IE (A) STATING THE N LAST. DITIONS CONTRIBUTIN NOT RELATED TO THE						
19A. DATE OF OPERATION I	9B. CONDITION FOR V	WHICH OPERATION	20A. AUTOPSY? (in	CERTIFYING CAU	NDINGS CONSIDER	ED
21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-	21 B. home etc.)	PLACE OF INJURY (e.g., form, foctory, street, c	in or obout 21C. WH	IERE DID (If	n BnItimore City, gi	ve exoct location)	
21D TIME (Month) (Do) OF INJURY (APPROX.)	v	HE. INJURY OCCURRED WHILE AT NOT AT W	WHILE	V DID INJURY	OCCUR?		
I certify that I held resulted from: Not	I an Inquiry U		e Hamicide	Und	oosis, death in n		
ACTUAL SIGNATURE	1 form	he M.D.	ASSISTANT ME		AINER	DATI	E SIGNED
EXAMINER'S NAME (Type) Ru	ssell S. Fis	sher. M.D.	ASSOCIATE ME	DICAL EXA	MINEK	August 2	8, 1967
		C. NAME of CEMETERY	OF CREMATORY	23 D. LOC	ATION (City,	, town, or county)	(Stote)
	-30-67	Carver Mem. Pl	k	Len	rel. Marvl	and	
24A. DATE REC'D BY HEALTH DE		OF REGISTRAR	24C. FUNERAL	-	role Paryl	ADDRESS	
4110.0	0 0 5001	a. C. Tarl. HS	ANT SETA	-C cor	h:77: 75	אר אר אר	- G:



BIRTH NO.	67		TE OF DEATH	Registered No.	67 8313
1. NAME OF DECE (Type or Print)	Mr. laak	Ludd	2. DATE AF	NO HOUR OF DEATH	.<0
3. PLACE OF DEA	TH IN BALTIMORE MARYLAND	2000	A. STATE B. COUR	VIY	nstitution: rosidence before admissian
FULL NAME OF HOSPITAL OR INSTITUTION	(If not in hospital or institu address or location)	lion, give street	c. CITY OR TOWN (II ou		RURAL ond give township)
4 Bon	Secoure ?	Hasfital	D. STREET ADDRESS (II	rural, give location)	16-01
5. SEX		RRIED, NEVER MARRIED OWED, DLYORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	It Under 1 Yr. It Under 24 Hrs Months; Doys Hours; Min.
M. ISUAL OCCU	Nes No PATION (Give kind of work 108, KIN	arried.	8-31-16	5.0	12, CITIZEN OF
	orking life, even if retired)	th. Steel	5 11 0	lina	WHAT COUNTRY?
13. FATHER'S NAM	E	1.1	14. MOTHER'S MAIDEN NA	ME	1 Vean
5. Was Deceased (Yos, no or unknown)	Ever in U. S. Armed Forces? (If yes, give wor or dotos of ser	vice) 16. SOCIAL SECURITY NO.	17. INFORMANT	= F/a .	ADDRESS
18.	0 / 1	250-18-5620 CAUSE O	Mrs. Delphine	Ludd 1085	Ellicott Dr.
DISEASI	OR CONDITION DIRECTLY	2.1			ONSET AND DEATH
(This does no	Il meon the made of dying, Isthenia, etc. It means the dis		astalic stone	chogenic	<u>u</u>
injury at camp	olicotion which caused death.) NTECEDENT CAUSES	(B)	20,000		
DISEASES O	R CONDITIONS, if any, g				
	abave cause (A) sloting CONDITION lost.	lhe (C)			
OTHER SIGNIF	II ICANT CONDITIONS CONTRIB ATH BUT NOT RELATED TO	UTING THE			
OTHER SIGNIF TO THE DE DISEASE OR O		FOR WHICH OPERATION	20A. AUTOPSY? (Yos or No	O) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
OR CONTRIBU	T WAS UNDERLYING TING CAUSE OF	21B. PLACE OF INJURY (e.g., in homo, form, foctory, stroot, of etc.)	or obout 21 C. WHERE DID	(It in Bottimor	re City, give exect locotion)
_	(Month) (Doy) (Your) (Hour)	21 E. INJURY OCCURRED While At Not While Work At Work	21F. HOW DID INJ	URY OCCUR?	
	hot (1) (this hospital) attend	ded the deceased from			iguit 28, 1967
	ost sow the deceased alive			ot in(my) (our) opl	Inlan death occurred on the do
23A. SIGNATUR		ve. (1) (110) (did 1101) V	new the body offer deoffi.		23B, DATE SIGNED
	phono	Phy		Stoff Phys.	8/28/67
23C. PHYSICIAN NAME (Ty	CESAR A.	BRAVO M.D.	BON SECOUR	es Hospit	TAL
24A. BURIAL CREM REMOVAL (Sp	ATION, 24B. DATE 2	C. NAME of CEMETERY OF CRE	MATORY 24D. L	OCATION (C	ity, town, or county) (Stoto)
Burial 25A, DATE REC'D	9-1-67 BY (HEALTH DEPT 7 25B. NA	Arbutus Mem. Pl	Art 25C. FUNERAL DIRECTOR	utus, Maryl	and ADDRESS
and only her o	AUG 3 0 1967 12.0	at E. Farling Ma			27 N. Monroe St.
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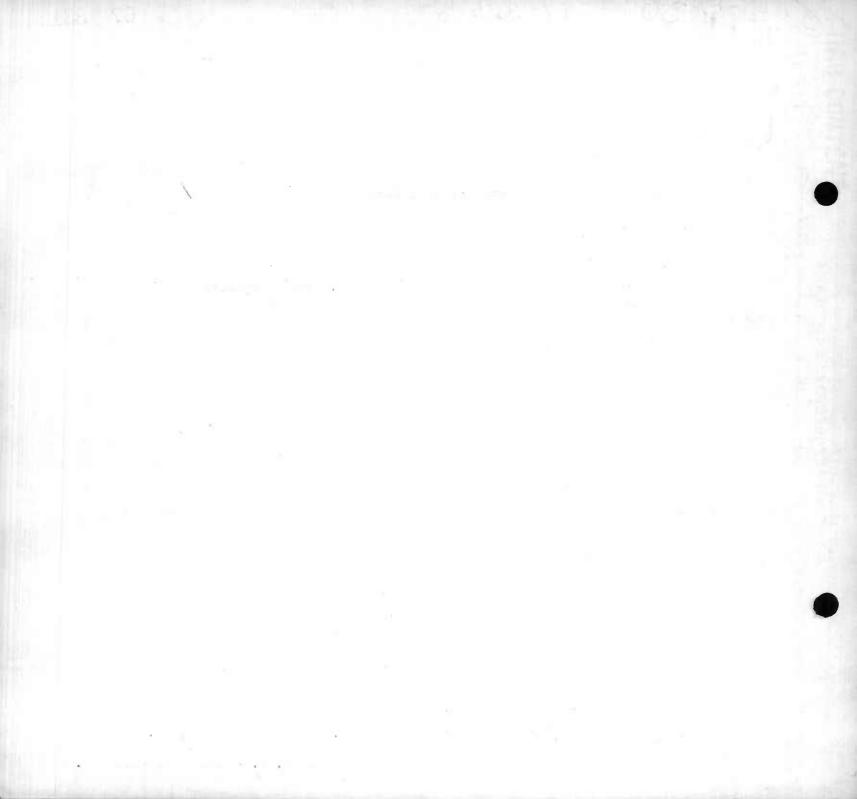
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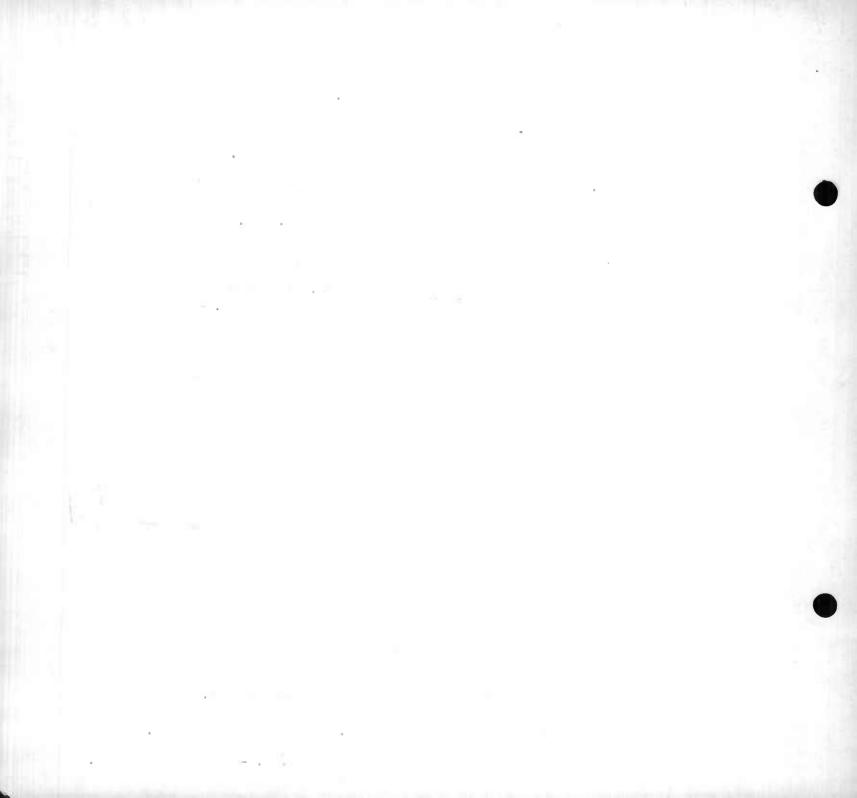
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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0/ 0010	RE CITY HEALTH DEPARTMENT	67 8315
M.E. CASE NO. 91882 CERTIF	FICATE OF DEATH Registered No.	07. 0010
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH	. 4
(Type or Print) E4410TT, L RUS	SSELL AUg, 27. 19	67 2.15 P
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If ins A, STATE B, COUNTY	titutian; residence before odmissio
FULL NAME OF (If not in haspital or institution, give street	Maryland	Balto G.
HOSPITAL OR oddress of locotion) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RI	JRAL and give township)
The state of the s	Baltimore	53-00
TD 0 (1 1)	D. STREET ADDRESS (If rurol, give location)	
Bon Secours Hospital	928 St. Agnes Land	e
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (spec	cifu) lost highdout	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
MALE White MARRIED WI	dowed9-5-1895 71	
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR IN	DUSTRY 11. BIRTHPLACE (State or foreign country)	12. CHIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	Maryland	U.S. A
Ketired 13. FATHERS NAME	14. MOTHER'S MAIDEN NAME	U. J. 11
1.61/2 0 -211 11	Lemon	
5, Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL		ADDRESS
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO	17. INFORMANT George Reynolds	ADDRESS
	928 St. Agnes Lane	Bultimore, Ma
18. / 6. 3. X 1 CA	USE OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	1. (6) 0	ONSET AND DEATH
LEADING TO DEATH	laver homa, (12) lung	
(This does not mean the made of dying, e.g., DUE heart failure, asthenia, etc. It means the disease,	10 () () ()	^
injury at camplication which coused death.)	c puvasians 10 tre	efin
ANTECEDENT CAUSES (8) DUE	TO	
DISEASES OR CONDITIONS, if any, giving		
uise to the above couse (A) stoling the (C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	on cho pour rusine	
TO THE DEATH BUT NOT RELATED TO THE		
19A, DATE OF OPERATION 119B, CONDITION FOR WHICH OPERATION	N 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FI	NDINGS CONSIDERED
WAS PERFORMED	Yes IN CERTIFYING CAU	SES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJUR	Y (e.g., in or obout 21 C. WHERE DID (If in Baltimore	City, give exact location)
OR CONTRIBUTING CAUSE OF home, form, foctory, s DEATH (notify medical examiner) etc.)	street, office bldg., INJURY OCCUR?	
D 21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCUR	RED 21F. HOW DID INJURY OCCUR?	
OF INJURY	Not While	
	M Work	
22. I certify that (I) (this hospital) attended the deceased from	m Tune 25, 1967 to AUD	27 1967
that (1) (we) last sow the deceased alive on Auf.	27 19 67 and that in (my) (our) opin	,
ond hour and from the couses stated above. (I) (We) (did) (did	/	
23A, SIGNATURE		23B, DATE SIGNED
21 50 0 1 M.		1 1
Jung Cono	Phys. Director Phys. M.	Aug. 2) 170
23 C. PHYSICIAN'S NAME (Type)	23D. ADDRESS	, 0
long cho	M.D. Bon Secours He	spital
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	Y OF CREMATORY 24D. LOCATION (City	. 10 wn, or county) (State)
Burial 8/30/67 Lorraine	Park Cem. Baltimore, Mc	1.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
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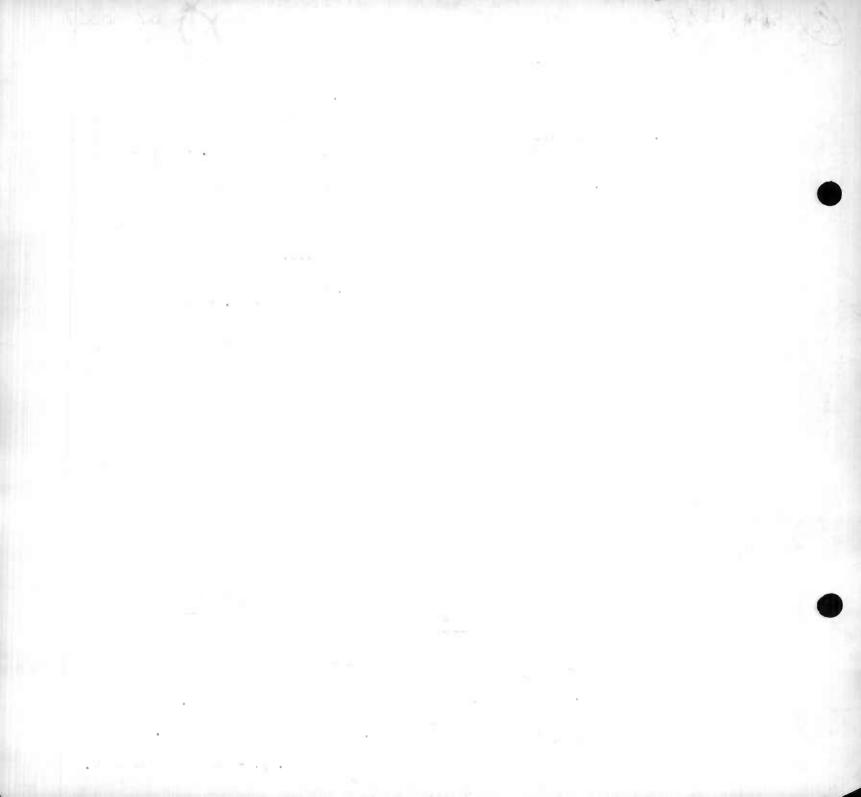
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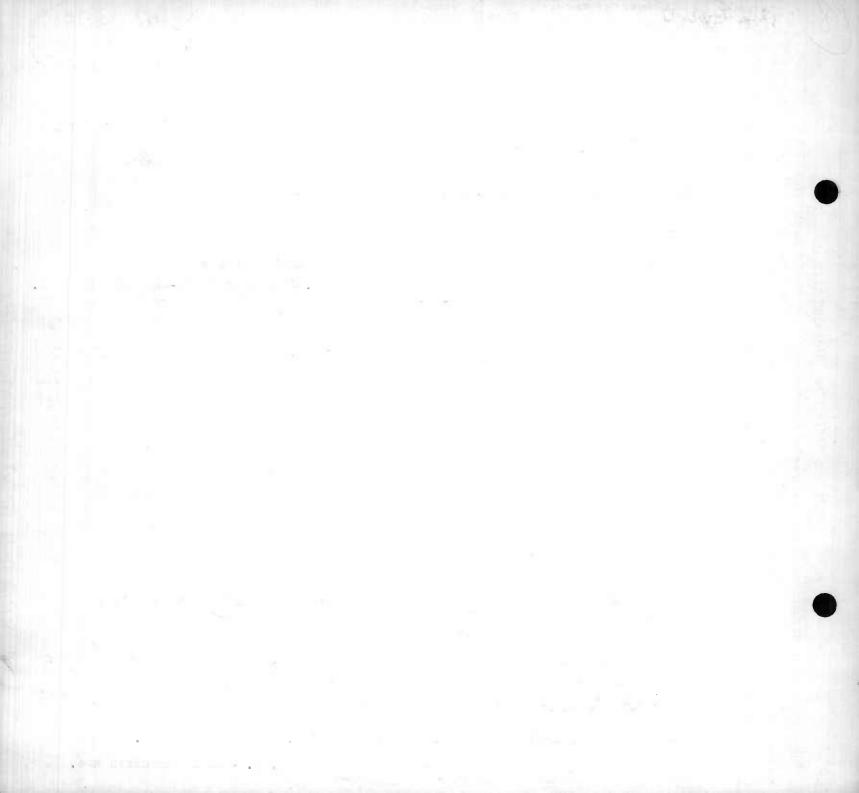
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	or Print)		oeth Deegan	1.0	and hour of deal	
FU	LL NAME D	OF (If not in hospital oddress or location	or institution, give street	A. STATE B. CD	UNTY	f institution: residence before odmissi
	STITUTION	2661 Dulaney		Baltimore	(If rurol, give location)	le RURAL ond give township)
SEX	F	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9/22/87	9. AGE (In yeors	If Under 1 Yr. If Under 24 Months Doys Hours Min
		working life, even if retired)	10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or for Balto.,		12. CITIZEN OF WHAT COUNTRY?
3. F#	ATHERS NA	ME Lichael Noon		14. MOTHERS MAIDEN N Elizabeth	Cunningham	
es, r	as Deceased to or unknown	Ever in U. S. Armed For a) (If yes, give war or date	s of service) 16. SOCIAL SECURITY NO. 216-24-7657 D	17. INFORMANT Mrs. Mary 2661 Dulas	nev St 21	ADDRESS 223
11	B. 4 2 DISEA	SE OR CONDITION DIE	CAUSE OF	F DEATH	116	INTERVAL BETWEEN ONSET AND DEATH
1	m		1 .	 		
1	neorl foilure, njury or con DISEASES (ise to Ih	not meon the mode of osthenio, etc. It meons inplication which coused ANTECEDENT CAUSES OR CONDITIONS, if e obove couse (A)	the disease, death.) (B) DUE TO Ony, giving	Jenile	advance	
	DISEASES (ise to Ih JN DERLYIN OTHER SIGN TO THE D DISEASE OR	osthenio, etc. II meons in plication which coused ANTECEDENT CAUSES OR CONDITIONS, if e obove couse (A) G CONDITION lost. IFICANT CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITION CAUSING CONDITION CAUSING	the disease, death.) (B) DUE TO Ony, giving stoling the (C) CONTRIBUTING STED TO THE T. DITION FOR WHICH OPERATION		No. 208, IF YES, WER	RE FINDINGS CONSIDERED CAUSES OF DEATH?
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19 200 20	DISEASES (ISE OF THE SIGN TO THE DISEASE OR PA. DATE OF TA. ACCIDE R CONTRIBLE	osthenio, etc. II means in plication which coused ANTECEDENT CAUSES OR CONDITIONS, if e obove couse (A) G CONDITION lost. IFICANT CONDITIONS COMEATH BUT NOT RELACED NOT THE CONDITION CAUSING FOPERATION 198. CONWAS PER	the disease, death.) (B) DUE TO Ony, giving sloling the (C) CONTRIBUTING STED TO THE IT. DITION FOR WHICH OPERATION FORMED 218. PLACE OF INJURY (e.g., in home, form, foctory, street, of	20 A. AUTOPSY? (Yes or or obout of obldg., INJURY OCCUR?	No) 20B, IF YES, WER IN CERTIFYING (RE FINDINGS CONSIDERED CAUSES OF DEATH?
2:	DISEASES (Ise to Ih JINDERLYIN OTHER SIGN TO THE D DISEASE OR PA. DATE OF TA. ACCIDE OF CONTRIBUTE OF THE INJURY APPROX.) 2. I certify hot (I) we) nd hour on	osthenio, etc. II meons in plication which coused ANTECEDENT CAUSES OR CONDITIONS, if e obove couse (A) G CONDITION lost. IFICANT CONDITIONS CONDITIONS CONDITION CAUSING CONDITION CAUSING FOPERATION 198. CONDITION CAUSE OF medicol examiner) Thou (1) this hospitol lost saw the deceased fram the couses stored.	the disease, death.) (B) DUE TO Ony, giving sloting the (C) CONTRIBUTING ATED TO THE T. IDITION FOR WHICH OPERATION FORMED 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.) (Hour) 21E. INJURY OCCURRED While At Work Work Not While At Work	20 A. AUTOPSY? (Yes or obout 21 C. WHERE DID in injury occur? 21 F. HOW DID I	No) 208, IF YES, WER IN CERTIFYING ((If in Boltim NJURY OCCUR?	RE FINDINGS CONSIDERED CAUSES OF DEATH? Thore City, give exact location) Fug 25 19 6
15 20 D 20 (12 2 1 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2	DISEASES (ISE to IT	osthenio, etc. II means inplication which coused ANTECEDENT CAUSES OR CONDITIONS, if e obove couse (A) G CONDITION lost. IFICANT CONDITIONS OF CAUSE OF CONDITION CAUSING OF OPERATION 198. CON WAS PER INT WAS UNDERLYING CAUSE OF Medical examiner) Thou (1) this hospital lost saw the deceased from the couses story.	ted prove (I) We) (did) (did not) v	20A. AUTOPSY? (Yes or or obout 21C. WHERE DID fice bldg., INJURY OCCUR? 21F. HOW DID I	No) 208, IF YES, WER IN CERTIFYING ((If in Boltim NJURY OCCUR?	RE FINDINGS CONSIDERED CAUSES OF DEATH? Thore City, give exact locotion)
20 D 20 C 20 C 22 C 23 C 25 C 25 C 25 C 25 C 25 C 25	DISEASES (Ise to Ih JINDERLYIN OTHER SIGN TO THE D DISEASE OR OTHER DISEASE OR OTHER SIGN TO THE D TO	osthenio, etc. II meons inplication which coused ANTECEDENT CAUSES OR CONDITIONS, if e obove couse (A) G CONDITION lost. IFICANT CONDITIONS CAUSING FOREATION 19B. CON WAS PER NT WAS UNDERLYING UTING CAUSE OF medicol examiner) (Month) (Doy) (Year) Thought the couses stout the couse	ted above. (I) We) (did) (did not) v	20A. AUTOPSY? (Yes or or obout of ce bidg., INJURY OCCUR? 21F. HOW DID I 21F. How DID I 21F. How DID I 23D. ADDRESS 3350 Wilk MATORY 24D.	No) 20B. IF YES, WER IN CERTIFYING ((If in Bolting of the state of t	RE FINDINGS CONSIDERED CAUSES OF DEATH? Thore City, give exact locotion) 19 23B. DATE SIGNED 23B. DATE SIGNED 32B. DATE SIGNED (City, town, or county) (State



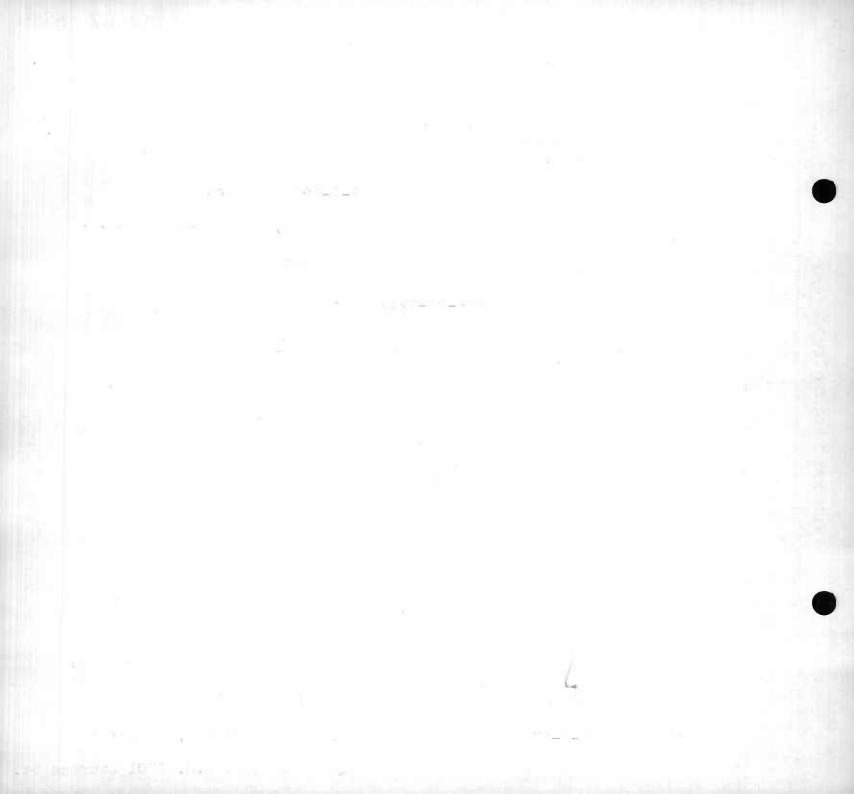
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	900	hows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	å	ds	101
	is e	3	SE	69	E
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	sh	was D.O.A. at a hospital	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.
			-		

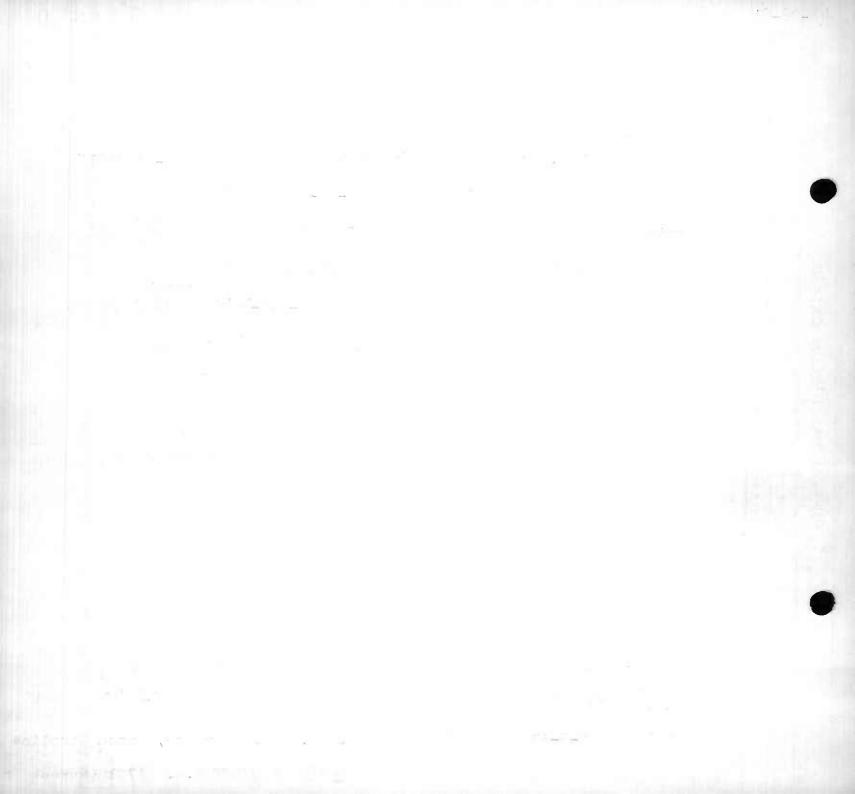
NAME ype or	E OF DECI		3. Cleme	nts		and Hour of DEAT	
PLAC	E OF DEA	TH IN BALTIMORE, MA			4. USUAL RESIDENCE (VA. STATE B. CO	No.	institution; residence before odm
HOSP	NAME OF	F (If not in hospital oddress or location		give street	Md. c. city or town (if Baltimore	outside city limits, write	e RURAL ond give tawnship)
40	St.	Agnes Hospita	al		D. STREET ADDRESS	(If rurol, give locotion) ngton Rd	Apt 6D
SEX	F	6. RACE Cauc.		NEVER MARRIED D, DIVORCED (specify)	8. DATE OF BIRTH June 9/93	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 2 Months Doys Hours A
	ing most of v	JPATION (Give kind of work working life, even if retired) Sewife	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Side or Maryland	foreign cauntry)	12. CITIZEN OF WHAT COUNTRY?
FATH	Edwar	rd Dunnock			14. MOTHER'S MAIDEN	NAME	
. Wos	Deceosed or unknown)	Ever in U. S. Anned For (If yes, give wor or dote	ces? es of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT Mrs. James 6 N Woodingt		ADDRESS
1B.	-	7 1		CAUSE O			INTERVAL BETWEEN
		E OR CONDITION DI	RECTLY		2 2		
(Th:		LEADING TO DEATH	duine on	(A)	Pulmen	my Febros	is Jyes
hea inju	is daes no art foilure, ary ar cam	LEADING TO DEATH al mean the mode of osthenia, etc. It means plication which coused ANTECEDENT CAUSES OR CONDITIONS, if	the disease, death.)		Pulmens and Pulmy of	aluenban	is 2 year
DIS rise UN	is daes no card follower, party ar card ASEASES OF the the IDERLYING THE DESEASE OF COSTANT OF THE DESEASE OF THE DESEASE OF COSTANT OF THE DESEASE OF THE DE	LEADING TO DEATH al mean the mode of osthenia, etc. It means plication which coused ANTECEDENT CAUSES OR CONDITIONS, if above cause (A) G CONDITION last. II FICANT CONDITIONS CONDITION CAUSING I OPERATION [198. CON	the disease, death.) any, giving stating the CONTRIBUTING TO THIT.	allies 1	and Palmy of	Lina ella Noll 208. IF YES, WER	E FINDINGS CONSIDERED
DIS rise UN OTH TO DIS	is daes not followed, part of the followed of	LEADING TO DEATH all mean line mode of osthenia, etc. Il means plicalian which coused ANTECEDENT CAUSES OR CONDITIONS, if e above cause (A) of CONDITION last. II FICANT CONDITIONS CEATH BUT NOT RELA CONDITION CAUSING I OPERATION 198. CON WAS PER	the disease, death.) any, giving stating the CONTRIBUTING TED TO THIT.	CO COLORS /	20A. AUTOPSY? (Yes on	No) 208. IF YES, WER	E FINDINGS CONSIDERED CAUSES OF DEATH?
DIS rise UN OTH TO DIS 19A.	is daes not followed. The service of	LEADING TO DEATH al mean the mode of osthenia, etc. It means plication which coused ANTECEDENT CAUSES OR CONDITIONS, if above cause (A) G CONDITION last. II FICANT CONDITIONS CONDITION CAUSING I OPERATION [198. CON	the disease, death.) any, giving stating the CONTRIBUTING TO THIS. DITION FOR VECTOR FORMED	VHICH OPERATION PLACE OF INJURY(e.g., in e., form, foctory, street, of	pelioté Cas	No) 20B. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED
DIS rise UN OTH TO DIS 19A. 21A. OR DEA	is daes not followed. The service of	LEADING TO DEATH all mean line mode of osthenia, etc. Il means plication which coused ANTECEDENT CAUSES OR CONDITIONS, if above cause (A) GONDITION last. II FICANT CONDITIONS CONDITION CAUSING I CONDITION CAUSING I OPERATION 198. CON WAS PERI	any, giving stating the CONTRIBUTING TO THIS. CONTRIBUTING TO THIS. CONTRIBUTION FOR VECTOR FORMED 21B. hometc.)	VHICH OPERATION PLACE OF INJURY (e.g., in e., form, foctory, street, of injury occurred) INJURY OCCURRED Le At Not While	20A. AUTOPSY? (Yes on por obout 21C. WHERE DID injury occur	No) 20B. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED CAUSES OF DEATH?
DIS rise UN OTH TO DIS 19A. 21A. OR (APP	SEASES OF THE DESCASE	LEADING TO DEATH all mean line mode of osthenia, elc. Il means plicalian which coused ANTECEDENT CAUSES OR CONDITIONS, if above cause (A) of CONDITION last. II FICANT CONDITIONS CEATH BUT NOT RELA CONDITION CAUSING I OPERATION 198. CON WAS PER OPERATION 198. CON WAS PER ON CONDITION COUNTY OF CAUSE OF medical examiner) (Month) (Doy) (Year)	the disease, death.) any, giving stating the CONTRIBUTING STATE TO THIT. DITION FOR VERNED (Hour) 21E. Whi World Worl	VHICH OPERATION PLACE OF INJURY (e.g., in e., form, foctory, street, of the injury occurred le At Not While k Not Work are deceased from	20A. AUTOPSY? (Yes on 20A. AUTOPSY? (Yes on 10 bout 21C. WHERE DID 11 linjury occur 21F. How DID	No) 20B. IF YES, WER IN CERTIFYING CO. (If in Boltim	EFINDINGS CONSIDERED CAUSES OF DEATH?
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DIS rise UN OTH TO DIS 19A. 21A. 21A. 21A. 21A. 4APP 22. that	is daes not followed. A SEASES OF the the DERLYING THE DESEASE OF CONTRIBUTION OF THE DESEASE OF THE	LEADING TO DEATH all mean lhe mode of osthenia, etc. Il means plicalian which coused ANTECEDENT CAUSES OR CONDITIONS, if e above cause (A) of CONDITION last. II FICANT CONDITIONS CAUSING I OPERATION WAS PERION TO BE CONDITION CAUSING I OPERATION WAS PERION IT WAS UNDERLYING TING CAUSE OF medical examiner) (Month) (Doy) (Year) that (I) (this hospital lost saw the decease	the disease, death.) any, giving stating the CONTRIBUTING STED TO THE TOTAL TO THE TOTAL	VHICH OPERATION PLACE OF INJURY (e.g., in e., form, foctory, street, of injury occurred le At Not While k Not Work in deceased fram	20A. AUTOPSY? (Yes on	No) 20B. IF YES, WER IN CERTIFYING CO. (If in Boltim INJURY OCCUR? 19 66 ta	EFINDINGS CONSIDERED CAUSES OF DEATH? Nove City, give exect locotion) 19 plinian death accurred on the 23B. DATE SIGNED
DIS rise UN OTH TO DIS 19A. OR DEA 21A, OR I (APP 22. that	is daes not followed to the contribution of th	LEADING TO DEATH all mean line mode of osthenia, elc. Il means plicalian which coused ANTECEDENT CAUSES OR CONDITIONS, if above cause (A) CONDITION last. FICANT CONDITIONS CEATH BUT NOT RELA CONDITION CAUSING I OPERATION 198. CON WAS PERI ON CONDITION CAUSING I OPERATION 198. CON WAS PERI ON CONDITION COUNTY OF THE CONDITION COUNTY OF THE CONDITION COUNTY OF THE	the disease, death.) any, giving stating the CONTRIBUTING STED TO THE TOTAL TO THE TOTAL	VHICH OPERATION PLACE OF INJURY (e.g., in e., form, foctory, street, of the control of the cont	20A. AUTOPSY? (Yes on	No) 20B. IF YES WER IN CERTIFYING CO. (If in Boltim) (If in Boltim	E FINDINGS CONSIDERED CAUSES OF DEATH? Tore City, give exoct locotion) The print of the print





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M.E	H NO.		OOT	CERTIFICA	TE OF DEATH	Registered No.		-00.10	
	AME OF DECE	ased alter Truman				ND HOUR OF DEATH		200	
3. 8		TH IN BALTIMORE MA			August 28, 1967 7:30 P. M.				
3. 1	TACE OF DEA	IN BALIWORE MA	KILAND		A. STATE B. COU	NTY	institution; residence beto	ore admission)	
F	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)				Maryland				
	NSTITUTION	Provident Hospital, Inc.			C. CITY OR TOWN (If outside city limits, write RURAL and give township) Baltimore				
	20 1514 Division Street				D. STREET ADDRESS (If rural, give location)				
1	Baltimore, Maryland				1056 Pennsylvania				
5. S	EX	6. RACE	7. MARRIED, NEVER MARRIED		8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If I	Under 24 Hrs.	
	ale			o, Divorced (specily)	2-7-1902	last birthdoy)	Months Days Hou	ars Min.	
done	. USUAL OCCU a during most of w	PATION (Give kind of work orking life, even if retired)	of work 108, KIND OF BUSINESS OR INDUSTRY				12. CITIZEN OF	RY?	
	Uknown		Unemp	ployed	Maryland, Baltimore U.S.A.				
13.	FATHER'S NAM	E			14. MOTHERS MAIDEN NAME				
	JT	M TRUMAN			SARAH TRUMAN				
15. V (Yes	Nos Deceased	Ever in U. S. Armed Fare (If yes, give war ar date	es?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
				218-03-7217	Mr. William Taylor 1391 Woodyear Street				
	18. 030	5 / 1		CAUSE O	F DEATH		INTERVAL B		
		OR CONDITION DIR	ECTLY	27	No. Comptet D	\$ - t 1 -	011321		
		I mean the mode of	dying, e.g.,	(A) Uret	hro Scrotal F	ISTULA			
	heart failure, a	asthenia, etc. It means dication which caused	the diseose,						
		NTECEDENT CAUSES			tured Urethra				
	DISEASES OF	R CONDITIONS, if	anv. aivina	DUE TO					
	rise to the	obove couse (A) CONDITION last,		(c) Gor	occocal Stric	ture			
		11							
ATION	TO THE DE	ICANT CONDITIONS C ATH BUT NOT RELA CONDITION CAUSING I	TED TO TH	g ^{IE} Marked Debi	lity				
ICA	19A. DATE OF	OPERATION 198 CON	DITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes or N	(a) 208. IF YES, WERE	FINDINGS CONSIDERE	D	
ERTIFIC	21	WAS PERF			Yes	IN CERTIFYING CA	AUSES OF DEATH?		
CAL	OR CONTRIBU	T WAS UNDERLYING TING CAUSE OF	hon etc.	ne, form, foctory, street, of	fice b(dg _s , INJURY OCCUR?	(If in Boltimor	re City, give exoct locat	tion)	
ш	21 D. TIME OF INJURY	(Month) (Day) (Year)	(Hour) 21 E	. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?		2	
8	(APPROX)			ille At Not Whit					
	22. I certify t	hot (I) (this hospital) attended t	he deceosed from Au	gust 2,	19 67 to Augu	ust 28.	19.67	
		ost sow the deceose		Anguet 28.	197 and t	_	Inion deoth occurred	•	
			ed obove. (I) (We) (did) (did not) v	iew the body ofter death	•			
	23A. SIGNATUR	!E				C. 11	23B. DATE SIGNED	.0(0	
				M.D. Atte	s. Med. Director	Stoff Phy s.	August 28,	1967	
	PHYSICIAN NAME (Ty		Palaci		1514 Division	Street			
24A	BURIAL CREM	ATION, 248. DATE	24C. N	AME of CEMETERY of CRE	MATORY 24D.	LOCATION (C	City, town, or county)	(Stote)	
1	REMOVAL (Sp Burial	9-2-6	7 M	ount Auburn		altimore,	Marylan		
	DATE REC'D			OF REGISTRAR	25C. FUNERAL DIRECTO		ADDRES		
		AUG 3 0 1967	Polers	E. StarleuMA	40 6.3 6.3		1701 Laure		
VS	150-REV. 1/1/6	5	4						





VS 150-REV. 1/1/65

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December 4-1-67 Helmond Popel & Commissioners Line Commissioners Commiss

VS 150-REV, 1/1/65

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BIRTH NO.	67	8324 CERTIFICA	TE OF DEATH	Registered Na	67. 8324						
M.E. CASE NO.		CERTIFICA									
Type or Print)		orge D. Finster,		HOUR OF DEATH							
3. PLACE OF D	EATH IN BALTIMORE MAR		Sr. August 29, 1967 4. USUAL RESIDENCE (Where deceased lived. II institution: residence before admission								
			A. STATE B. COU	NTY	mismonom residenye delore danwasion						
FULL NAME HOSPITAL OF	OF (If not in hospital or oddress or location)	institution, give street	Maryland								
INSTITUTION			C. CITY OR TOWN (If outside city limits, write RURAL and give towaship)								
00	714 Chest	nut Hill Ave.	Baltimore 21218 D. STREET ADDRESS (If rurol, give locotion)								
00			714 Chestnut Hill Ave.								
5. SEX	6. RACE 7	MARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. II Under 24 Hrs Months Doys Hours Min.						
M	W	Married (specily)	12/25/1895	lost birthdoy) 71	Monins Doys Hours Min.						
	CUPATION (Give kind of work)	OB, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF WHAT COUNTRY?						
		ed - Musician	Hampstead.	TT C A							
3. FATHER'S NA	AME	ou - masician	14. MOTHER'S MAIDEN NA	U. S. A.							
David	Finster		Blanche Coppersmith								
. Was Decease	ed Ever in U. S. Armed Force		17. INFORMANT	POT SHIT OIL	ADDRESS						
	vn) (If yes, give wor or dotes				.Com. 1						
Yes	WWI	21.7-05-8/1/19	Mrs Mae C.	Finster	(Same)						
161	ASE OR CONDITION DIRE		DEATH		ONSET AND DEATH						
Distr	LEADING TO DEATH	11 /3	efeed kydro		1 121						
	not mean the mode of a	May Trong	·····								
heart failure, osthenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES (B) Carcingup of bladder (using) 23p.											
	ANTECEDENT CAUSES	(B) let	cursua of be	edder Min	iary) Lip.						
	OR CONDITIONS, if or										
	he above couse (A) :	stoting the (C)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~								
OTHER SIGN	II NIFICANT CONDITIONS CO										
DISEASE OF	DEATH BUT NOT RELATE CONDITION CAUSING IT.	ED TO THE Apperte	usure Cardiovo	reular disea	u 10232						
	OF OPERATION 198. CONDI	THON FOR WHICH OPERATION	20A. AUTOPSY? (Yes or h	10) 20B. IF YES, WERE	FINDINGS CONSIDERED						
20 9/1	165 Ce 0	Paladder	200		A0013 01 DEATH: 0						
OR CONTRI	ENT WAS UNDERLYING TO BUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of	fice bldg., INJURY OCCUR?	(If in Boltimo	ore City, give exact location)						
)	ly medical examiner	etc.)									
OF INJURY	(Month) (Doy) (Year)	(Hour) 21E INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?							
(APPROX.)		While At Not While Work At Work	While At Work At Work								
22. I certify that (1) (this hospital) attended the deceased fram Nov 12 1957 to Aug 29 1967											
	that (1) (we) last saw the deceased alive an										
23A. SIGNAT		d dbove. (i) (we) (did) (did-net) v	lew the bady after death.	•	238, DATE SIGNED						
1	(1 - 10)	M.D. Atte	nding Med.	Staff	Dun 26 1617						
23C. PHYSICI	reduces f. U	allul Phy	23D. ADDRESS	Phys	[cuiga 7, 196]						
NAME	(Type)										
44 8116141	Frederic		6100 York								
REMOVAL	(Specily)	24C. NAME of CEMETERY of CRE	MATORY 24D.	LOCATION	City, town, or county) (Stote)						
Burial	9/1/196		cional Ba	altimore,	Marvland						
SA. DATE REC'	D BY HEALTH DEPT.	SB. NAME OF REGISTRAR	25C. FUNERAL DIRECTO	R	Maryland ADDRESS ADDRESS ADDRESS						
4	in 30 laor OF C	est & starting 1	h	& Sons C	o. 4905 York Ros						
/S 150-REV. 1/1				- Dal	NA THE THE						



5-43 6 BIRTH NO.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67. 8325

M.E. CASE NO.						
1. NAME OF DECEASED (Type or Print) NICHOLAS E SHOUAT TED	2. DATE AND HOUR PRONOUNCED DEAD					
NICHOLAS & SHOWALIER	August 28, 1967 7:15 P.					
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission) B. COUNTY B. COUNTY					
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)					
HOSPITAL OR ADDRESS OR LOCATION)	Baltimore 19-03					
VOTAL TO ALL TO	D. STREET ADDRESS (If rurol, give locoson)					
Lutheran Hospital (DOA)	1345 Ramsey Street					
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs.					
Male White Whowed, Divorced (specify)	DEC. 12-1949 lost birthdoys Months, Doys Hours Min.					
	11. BIRTHPLACE (State or foreign country) - 12. CITIZEN OF					
STOCK CLERK DELTA CHEMICAL	MARYLAND WHAT COUNTRY?					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
CHARLES M SHOWALTER	JOSETTA M. GUGLIETTE					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS					
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 219-32-9033.	JOSETTA. SHOWALTER 1345 RAMSEY ST					
	OF DEATH INTERVAL BETWEEN					
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH					
	ltiple traumatic injuries					
(This does not mean the mode of dying, e.g., DUE TO						
injury or complication which caused death.)						
ANTECEDENT CAUSES						
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE						
UNDERLYING CONDITION LAST.						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. DISA, DATE OF OPERATION WAS PERFORMED						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE						
DISEASE OR CONDITION CAUSING IT.						
19A, DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
	ies					
O UNDERLYING FOR CONTRIB-	in or obout 21C. WHERE DID (If in Boltimore City, give exect location) fifice bldg., NJURY OCCUR? Ellicott Drive 528 north					
257766	of Edmondson Ave. Bridge					
OF INJURY	21F. HOW DID INJURY OCCUR? Driver of motor-cycle					
m. WORK L AT W	while X which lost control and ran off road.					
22. I certify that I held an Inquiry Inspection Au	and that an this basis, death in my apinian					
resulted fram: Natural causes Accident X Suicid	e Hamicide Undetermined manner					
00 1 1 0 - 0	CHIEF MEDICAL EXAMINER					
SIGNATURE MAY SEL M.D.	ASSISTANT MEDICAL EXAMINER X					
EXAMINER'S Charles S. Springate, MD.	ASSOCIATE MEDICAL EXAMINER August 29, 1967					
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY of	or CREMATORY 23D. LOCATION (City, town, or county) (State)					
BURIAL 9-1-67 BALTIMORE	VATORIAL BALTIMORE-MADVIANO					
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	24C, FUNERAL DIRECTOR ADDRESS					
AUG 31 1967 P. D. & E. Fallema	DAMITTENS FROM FROM SILVE PRATTA					
Today Tool Charles E, Jankey M.	WALTERS FUNERALHOME STRICKER STS					

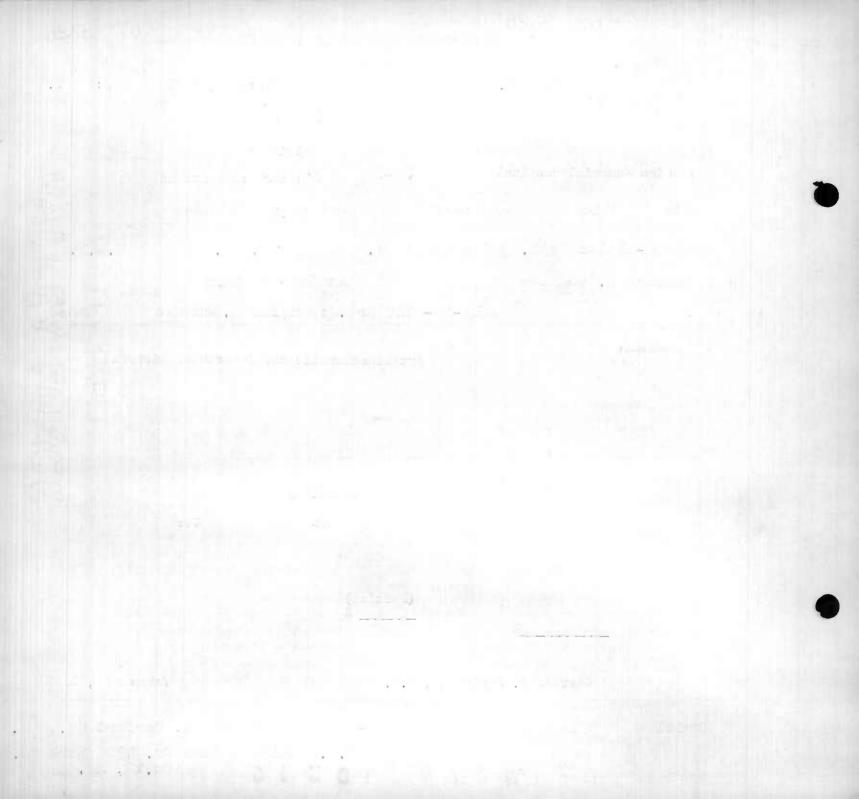
AND MEN WELLINGTON TO SELECT THE LAND. THE STREET STREET AS A STREET STREET STREET STREET

BALTIMORE CITY HEALTH DEPARTMENT

Balto.12. Md.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. BIRTH NO. M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD (Type or Print) ALFRED H. BONHAGE 5:10 P. August 28, 1967 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY Maryland (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) INSTITUTION Baltimore D. STREET ADDRESS (If rurol, give locotion) Q Union Memorial Hospital (DOA) 424 Ilchester Avenue 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min. WIDOWED, DIVORCED (specify) Male White 67 Married April 19,1900 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY) 1. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF done during most of working life, even if retired) WHAT COUNTRY? Retired-Claims Dept. Union Trust Co. Baltimore, Md. U.S.A. Annie Osterkamp Frederick H. Bonhage 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SO CIAL 17. INFORMANT ADDRESS (Yes, no or unknown), (If yes, give wor or dates of service) SECURITY NO. No 213-05-9740 Mrs. Jeannette M. Bonhage (Same) 18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Arteriosclerotic cardiovascular disease LEADING TO DEATH (This does not meen the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (Partial) CERTI 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? Yes 21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., in or obout 21C, WHERE DID (If in Boltimore City, give exact location) home, form, foctory, street, office bldg., INJURY OCCUR? UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 21D TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY (APPROX.) WHILE AT NOT WHILE (Partral 22. I certify that I held on Inquiry ___ Inspection Autopsy ond that on this bosis, deoth In my opinion resulted from: Natural causes X Suicide Accident Homicide Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINER X SIGNATURE Charles S. Springate, M.D. ASSOCIATE MEDICAL EXAMINER EXAMINER'S August 29, 1967 NAME (Type) 23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY of CREMATORY 23D. LOCATION (City, town, or county) REMOVAL (Specify) Burial Dry Branch, Harford Co., Md. Ayers Chapel-24A, DATE REC'D BY HEALTH DEPT. 248 NAME OF REGISTRAR 24C. FUNERAL DIRECTOR H.W. Jenkins & Sons Co. 4905 York Rd.

VS 151-REV, 1/1/65



VS 150-REV. 1/1/65

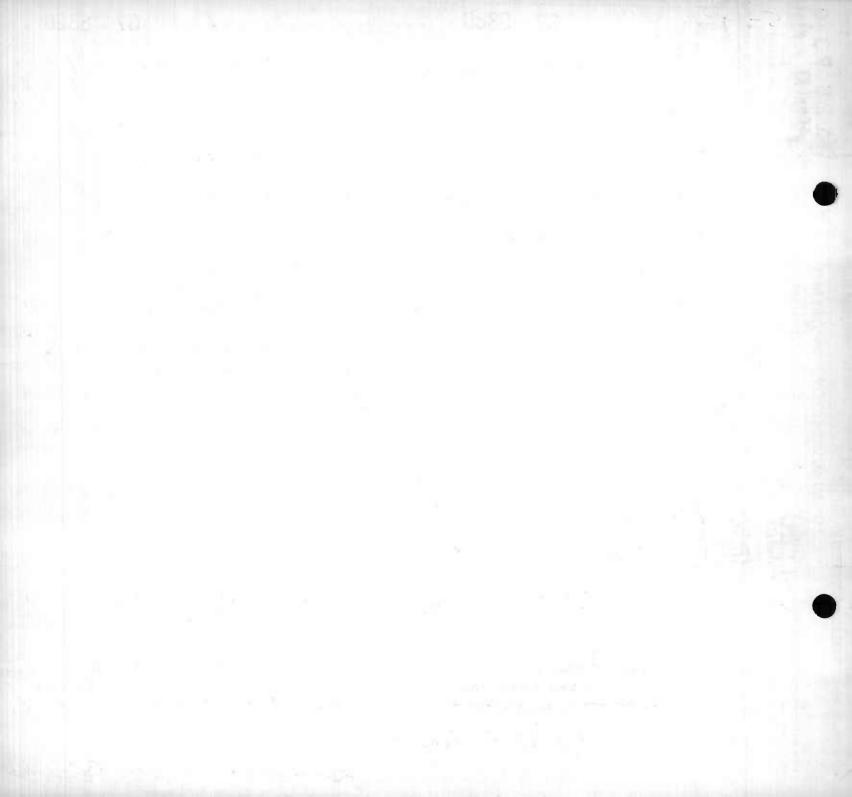
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MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered \$7. 8328

BIRTH NO.	MED	ICAL E	AMIINER 3 C	EKTIFICA	IE OF DEATH REGIS	rered No. V.
M.E. CASE NO.	CEASED				2. DATE AND HOUR PRONOUN	CED DEAD
EL IZAB	ETH 7	₹.	DUNN		August 25, 1	
3. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONO	JNCED DEAD	A. STATE	B. CC	stitution: residence before odmission)
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITA	AL OR INSTITU	JTION, GIVE STREET	C. CITY OR TO	·land WN (If outside corporate limits, wr	ite RURAL and give township)
Union	Memorial Hosp	oital			imore RESS (If rurol, give location)	0.3-00
				414	Brooklandville, 1	Maryland
5. SEX Female	6. RACE White	WIDO WED,	NEVER MARRIED DIVORCED (specify) RKIED	JUNE:	lost hirthday	s If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
done during most of	UPATION (Give kind of work working life, even if retired)	John Sind O	Holder Ha	11. SIRTHPLACE	(State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAM		- 8:0	DER	14. MOTHER'S M	14 14	AVEA
	ED EVER IN U.S. ARMED		16. SO CIAL	17. INFORMANT	U13 E 18. 17 E	ADDRESS
	(If yes, give wor or dote		SECURITY NO.	The Ca	VISE H. AE.	worklordrillph.
1B.	254		CAUSE	OF DEATH		I HATEKAWE BELAVEELA
DISEA	SE OR CONDITION DI	RECTLY				ONSET AND DEATH
	LEADING TO DEATH		(A) Mul	tiple Inj	uries	Narati Managara
heart foilure injury or co	not meen the mode of c, osthenio, etc. It meens implication which coused	dying, e.g., the diseose, deoth.)	DUE TO			
	ANTECEDENT CAUSE	S				
DISEASES	OR CONDITIONS, IF A	NY, GIVING	DUE TO			
	IE ABOVE CAUSE (A) S' NG CONDITION LAST.	IA IING THE				
Z	1 1 17 37 54		(C)			
O TO THE	NIFICANT CONDITIONS DEATH BUT NOT RE	LATED TO 1				
	F OPERATION 198, CON WAS PER	IDITION FOR	WHICH OPERATION		? (Yes or No) 208. IF YES, WERE IN CERTIFYING CA	USES OF DEATH?
ZIA. EXTERNA	L CAUSE WAS	21 B.	PLACE OF INJURY (e.g.,	in or obout 21C. V	VHERE DID (If in Boltimore City,	give exact location)
	SE OF DEATH.	home etc.)	, form, foctory, street,	office bldg., INJUR	OCCUR?	12-01
E 21D TIME	(Month) (Doy) (Year	d) (Hand) [3	Street		Charles & Art Mus	eum Drive
OF INJURY (APPROX.)		40 P				ved in auto accide
22.	tify that I held on I			RT I	d that on this basis, deoth in	
			Accident X Suicid		de Undetermined man	
	1				EDICAL EXAMINER	
ACTUA		10 5	2/-		EDICAL EXAMINER X	DATE SIGNED
SIGNAT EXAMIN NAME (NER'S Werner	U. Sp	tz, M.D.		EDICAL EXAMINER	8/26/67
23A, BURIAL CRE	MATION, 23B. DATE	-67	C. NAME OF CEMETERY O	CREMATORY	23D. LOCATION (Ci	ty, town, or county) (Stote)
24A. DATE REC'D	BY HEALTH DEPT.	248. NAME	OF REGISTRAR	24C. FUNER	AL DIRECTOR	ADDRESS
	AUG 31 1967	Robert	E. Farleins	Farl	eg Carantly 1	1, Catrailly med
VS 151-REV. 1/1	/65 / 5	101	0 / 4	1 8 9	1 0/	V

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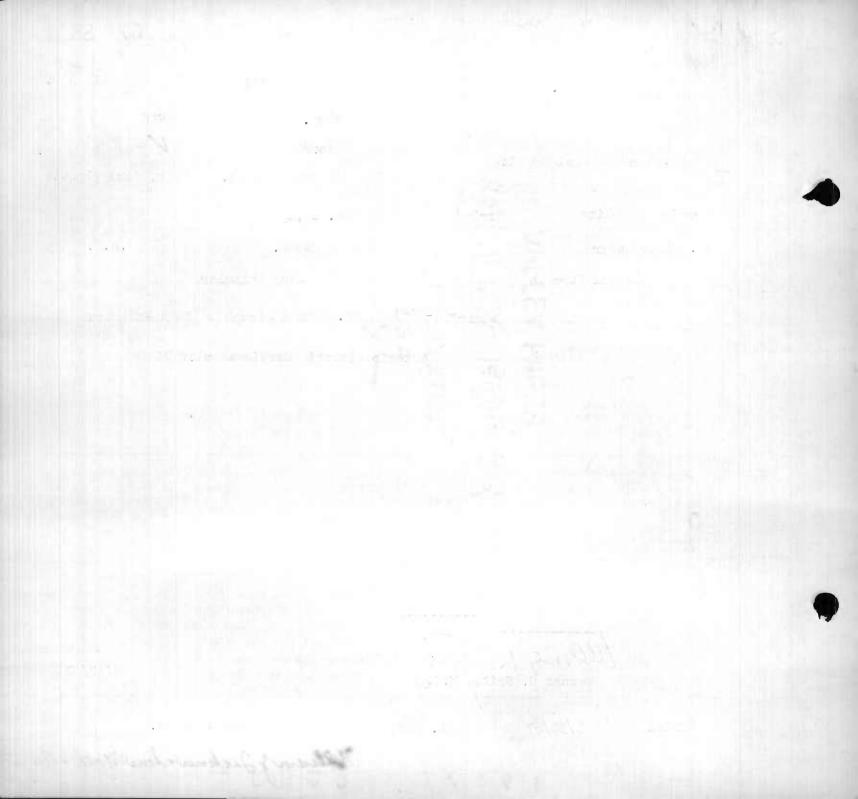
	CASE NO.	CEASED	./		0.10-10-1	20/	2. DATE AND	HOUR OF DEAT	H 7	0 .
	H	UGH	N	A OVI A NIP	ANDER SC		17VG	22,196		7 4
5. PL	ACE OF DE	AIH IN B	ALTIMORE, M	AKILAND		A. STATE	B. COUNT	deceased lived. It	institution: resid	dence befare admis
	JLL NAME O		not in hospito	or institution,	give street	Mary				
	ISTITUTION	00	igless of locon	un/			imore,	ide city limits, write	e RURAL ond g	ive township)
	0	14 E1	mwo od 🗐	Road to		D. STREET AD		ural, give location)		×/-/
0	00	Balti	more, M	aryland	21210	1) E	lmwood Be	nad 21	210	
5. SE	X	6. RACE			NEVER MARRIED	B. DATE OF BI	RTH 9	. AGE (In years	If Under 1	Yr. If Under 24
P	fale .	Wh	ite	Ma	D, DIVORCED (specify) rried	August	27, 1891	nst birthdoy)	Monms	ays Hours Mi
				rk 108, KIND O	BUSINESS OR INDUSTR	Y 11. BIRTHPLAC	CE (State or foreig	n country)	12. CITIZET	OF COUNTRY?
			e, even if retired)		B & O RR	(Georgia		WHAI	COUNTRY:
	ATHER'S NA			4			MAIDEN NAM	\E		
	Aras		Anders	on		Ar	nelia	Tobler		
5. W	os Deceose	d Ever in t	U. S. Armed F	orces?	1 6. SOCIAL	17. INFORMAN			A	DDRESS
Yes,	no or unknow	n) (If yes,	give wor or do	tes of service)	SECURITY NO.					
1.		27	None		CANCE	Mrs. Le	ena M. Ar	nderson s		
	B. 33	5	ONDITON -	INFOR	CAUSE	OF DEATH				TERVAL BETWEEN ISET AND DEATH
	DISEA		ONDITION D		0	FREBDAI	ADTEDIO	SOLFONE	5 1	YEAR
				of dying, e.g.,	DOL 10			JCLEROSI	<u> </u>	
			which couse	s the diseose, d deoth.)			2.0		- 7	
		ANITECE	PENT CALICE			1000 0 41 100 00				
		ANTECEL	DENT CAUSE	S	(8) QE	VERALIZE	D /+KIEK	(ID DCLEKO)	5/5	9 9 9 9 0 mps.ys. 9 sseengs 0 000 00 00 00
		OR CON	DITIONS, if	ony, giving	DUE TO					
		OR CON	DITIONS, if		DUE TO			(ID.XI.EKO.)		
	rise to th	OR CON	DITIONS, if couse (A)	ony, giving	DUE TO					
-	OTHER SIGN	OR CON	DITIONS, if couse (A)	ony, giving) stoting the CONTRIBUTIN	(C)					
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ATION	OTHER SIGN	OR COND THE OBOVE TH	DITIONS, if couse (A) ITION lost. II CONDITIONS BUT NOT REI ON CAUSING	ony, giving stoting the CONTRIBUTIN ATED TO THE	(C)				E FINDINGS C	ONSIDERED
ERTIFICATION	OTHER SIGN TO THE IDISEASE OR	OR CON ne obove G COND IIIIICANT DEATH CONDITI	CONDITIONS, if couse (A) ITION lost. II CONDITIONS BUT NOT REI ON CAUSING IPB. CO WAS PE	ony, giving on storing the contribution of the contribution for reformed	G E WHICH OPERATION	20 A. AUTO	PSY? (Yes or No)	208. IF YES, WERI	E FINDINGS CO	ATH?
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ICAL CERTIFICATION	OTHER SIGN TO THE E DISEASE OR 19A-DATE O	OR CON THE OBOVE THE CONDITION TO PERATI	DITIONS, if couse (A) ITION lost. II CONDITIONS BUT NOT REI ON CAUSING ION 19B. CO WAS PE UNDERLYING CAUSE OF exominer)	Ony, giving storing the CONTRIBUTIN ATED TO THIT. NOTION FOR REFORMED 21E har etc.	G WHICH OPERATION PLACE OF INJURY (e.g., e., larm, factory, street,	in or obout 21C.	PSY? (Yes or No) WHERE DID RY OCCUR?	20B. IF YES, WER IN CERTIFYING C	E FINDINGS CO	ATH?
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MEDICAL CERTIFICATION	OTHER SIGN TO THE E DISEASE OR 19A-DATE O 21A. ACCIDE OR CONTRIB DEATH (notif	OR CON THE OBOVE THE CONDITION FOR THE OBOVE THE OB	DITIONS, if couse (A) ITION lost. I CONDITIONS BUT NOT REION CAUSING ION 198. CO WAS PE UNDERLYING CAUSE OF exominer)	Ony, giving the storing the CONTRIBUTIN ATED TO THIT. ATED TO THIT. ATED TO THE STORING TO THE	GIE WHICH OPERATION PLACE OF INJURY (e.g., e., larm, factory, street, e.) INJURY OCCURRED ille At Not White At Work	in or obout 21C, affice bldg., INJU	PSY? (Yes or No) WHERE DID RY OCCUR?	208. IF YES, WERI IN CERTIFYING C (If in Baltime	E FINDINGS CE AUSES OF DE are City, give a	exact lacotion)
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MEDICAL CERTIFICATION	OTHER SIGN TO THE E DISEASE OR DISEASE OR CONTRIB DEATH (notification of the contribution of the contribut	OR CON The obove GOND THE CONDITION FOR ATI ENT WAS UTING (Manth) The condition (Manth)	DITIONS, if couse (A) ITION lost. I CONDITIONS BUT NOT REI ON CAUSING ION 198. CO WAS PE UNDERLYING CAUSE OF exomine) (Day) (Year (this hospital w the decease	Ony, giving the story, giving the story, giving the contribution for the	GEWHICH OPERATION A PLACE OF INJURY (e.g., ne, larm, factory, street, lite At Work At Work At Work At Work At Work) A V.G. Z.Z. I) (W.) (dld) (d	in or obout 21C. affice bldg., INJU	PSY? (Yes or No) WHERE DID RY OCCUR? HOW DID INJU and tha after death.	208. IF YES, WERI IN CERTIFYING C (If in Boltime	E FINDINGS CO. AUSES OF DE. are City, give a	exact lacolion) 19 6 occurred on the
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MEDICAL CERTIFICATION	OTHER SIGN TO THE LIDISEASE OR 19A-DATE O DEATH (notification of the control of t	OR COND IFICANT (DEATH E CONDITION F OPERATION (Manth) That (I)	DITIONS, if couse (A) TION lost. I CONDITIONS BUT NOT REION CAUSING (N) 198. CO WAS PE UNDERLYING CAUSE OF exominer) (Day) (Year whe decease the causes street auses aux auses aux	ony, giving stoting the CONTRIBUTIN ATED TO THIT. ATED TO THIT. ATED TO THE STOTE	DUE TO (C) GE WHICH OPERATION S. PLACE OF INJURY (e.g., ne, larm, factory, street, net) INJURY OCCURRED iile At Work At Wor	in or obout 21C. affice bldg., INJU 21F. 19 21F. view the bady ttending ys.	PSY? (Yes or Noil WHERE DID RY OCCUR? HOW DID INJU and tha after death. Med. Director	208. IF YES, WERI IN CERTIFYING C (If in Boltime IRY OCCUR? 4 in (my) (2000) april 1 in (my) (2000) april 2 in (my) (2000) april 2 in (my) (2000) april 3 in (my) (2000) april 3 in (my) (2000) april 4 in (my) (2000) april 4 in (my) (2000) april 5 in	E FINDINGS CO. AUSES OF DE. are City, give a	ath? exact lacotion) 19 6 occurred on the
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WEDICAL CERTIFICATION	OTHER SIGN TO THE EDISEASE OR DISEASE OR CONTRIB DEATH (notification of the control of the contr	OR CON THE OBOVE GENT OF CONDITION FOPERATI (Manth) The obove GENT WAS UTING (Manth) The obove The o	DITIONS, if couse (A) cous	CONTRIBUTIN ATED TO THIT. NOTITION FOR REFORMED 21E with ward and attended to seed alive an attended	DUE TO (C) G G E WHICH OPERATION PLACE OF INJURY (e.g., e., larm, foctory, street, e.) INJURY OCCURRED iile At Not What At Work he deceased fram A Wood M.D. A Ph M.D. A AME of CEMETERY of C	20A. AUTO in or obout 21C. affice bldg., INJU 21F. ide 21F. ide 22F. 21F. 21F. 22F. 23D. ADDRESS REMATORY	PSY? (Yes or No) WHERE DID RY OCCUR? HOW DID INJU and tha after death. Med. Director	208. IF YES, WERI IN CERTIFYING C (If in Boltime IRY OCCUR? 4 in (my) (2000) april 1 in (my) (2000) april 2 in (my) (2000) april 2 in (my) (2000) april 3 in (my) (2000) april 3 in (my) (2000) april 4 in (my) (2000) april 4 in (my) (2000) april 5 in	E FINDINGS CAUSES OF DE CAUSE OF DE CA	ath? exact lacotion) 19 6 occurred on the



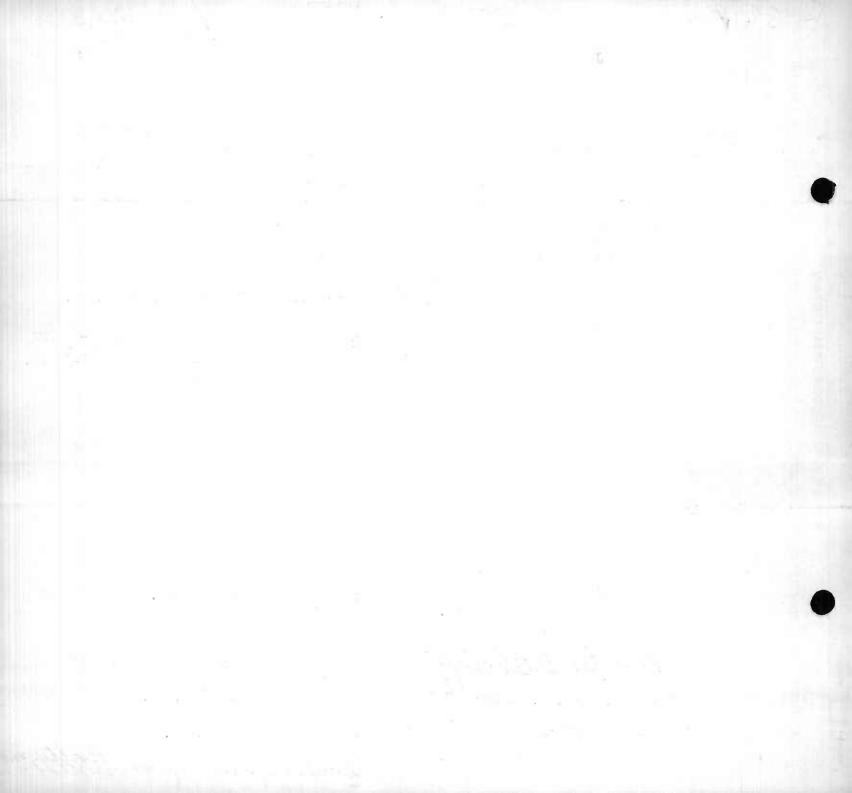
67 8333 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered 10.7 8333

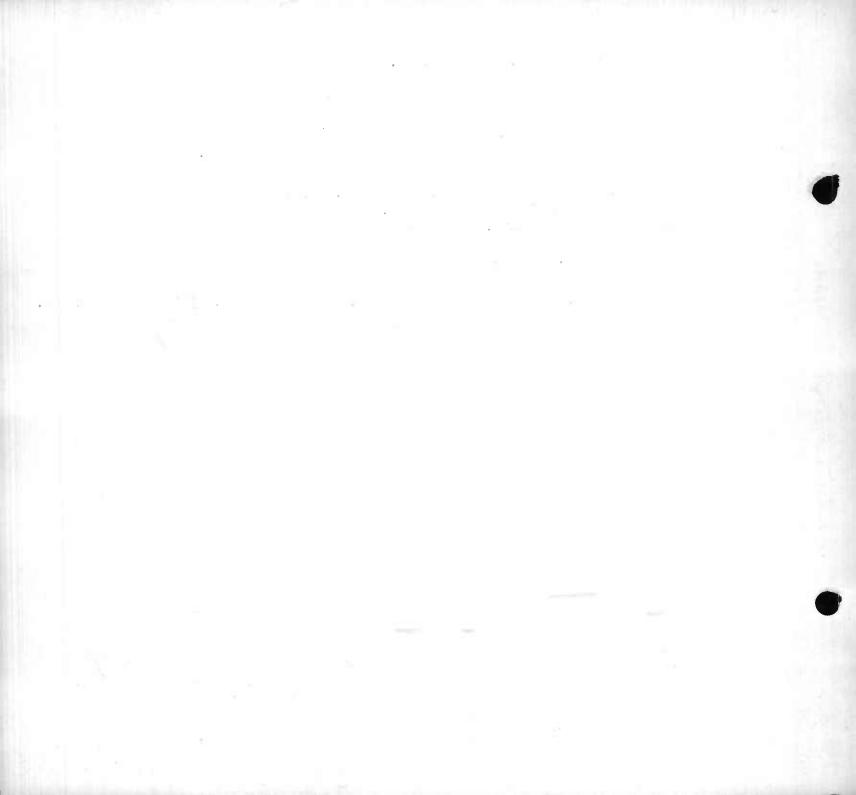
AME OF DECEASED					
WILL OL DECEMPED				O DATE AND HOUSE BROME	CED DEAD
VERNA A.		JOSEPH		August 26, 1967	11:45 P. M.
ACE IN BALTIMORE, MARYLAND,	WHERE PRONOU	NCED DEAD	A CTATE	R CO	stitution: residence before admission
NAME OF (IF NOT IN HOSPI	ITAL OR INSTITU	TION. GIVE STREET	Penna	N (If outside corporate limits, wri	ork
TTAL OR ADDRESS OR LOC	ATION)	TION, GIVE STREET	C. CITY OR TOV	VN (If outside corporate limits, wri	te RURAL ond give township)
Maryland General	Hospital		D. STREET ADD	RESS (If rural, give location)	V-35
			455 P	rospect St. You	k, Pennsylvania
6. RACE		NEVER MARRIED	B. DATE OF BIRTI	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs
male White		OIVORCED(specify)	0.4 3.	lost birthdoys	Months Doys Hours Min.
emale White	Mari	BUSINESS OR INDUSTR	Oct. 1	1.4700	12. CITIZEN OF
uring most of working life, even if retired)		D-		WHAT COUNTRY?
Cigar Maker THERS NAME			14. MOTHER'S M	nna . AIDEN NAME	U.S.A.
				T	
Michael Strop AS DECEASED EVER IN U.S. ARME	of FORCES?	16. SO CIAL	17. INFORMANT	Lucy Shindler	ADDRESS
o or unknown) (If yes, give wor or do		SECURITY NO.			
		201-07-5263	Mr. Joh	n A Joseph sam	e as above
4221		CAUSE	E OF DEATH	•	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION D	DIRECTLY				
LEADING TO DEAT		/M/	ioscleroti	c Cardiovascular I)isease
(This does not mean the made heart failure, asthenia, etc. It meaningly or complication which causes	ns the disease,	DUE TO			
injury or complication watch cooset	u deom./				
ANTECEDENT CAUS		(R)			
DISEASES OR CONDITIONS, IF	ANY, GIVING	DUE TO			
UNDERLYING CONDITION LAST					
		(C)			
II.	- CONTRIBUTION				
TO THE DEATH BUT NOT R		4E			
TO THE DEATH BUT NOT R	RELATED TO TH	******************	···		
TO THE DEATH BUT NOT R DISEASE OR CONDITION CAUSIN A. DATE OF OPERATION 198, CO	RELATED TO TH	******************	20A. AUTOPSY	? (Yes or No) 208, IF YES, WERE FIN CERTIFYING CAL	
TO THE DEATH BUT NOT R DISEASE OR CONDITION CAUSIN A. DATE OF OPERATION WAS PE	RELATED TO THE NG IT. PINDITION FOR V ERFORMED	VHICH OPERATION	No	IN CERTIFYING CAL	ISES OF DEATH?
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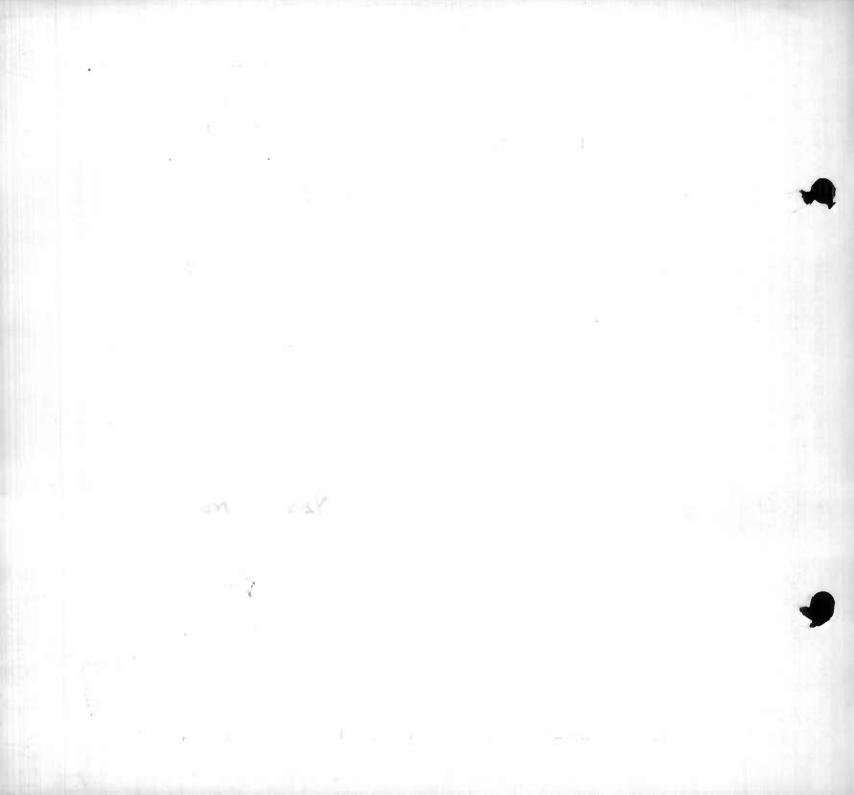


	NAME OF DECEASED TO Print)	Justine D	iane R	inehart	2. DATE	ug. 25, 1967	7:25 A
3.	FULL NAME OF HOSPITAL OR INSTITUTION	(If not in hospital or address or location)	institution, q		Va.	OUNTY Foutside city limits, write	nstitution: residence befare admi:
8	US Public 3100 Wyman	Health Ser Park Drive		ospital	D. STREET ADDRESS	(If rurol, give locotion) ssador Drive	1-45
	SEX 6. RAC	W	Mar	NEVER MARRIED D, DIVORCED (specify)	B. DATE OF BIRTH 4/27/21	9. AGE (In years lost birthdoy)	tf Under 1 Yr. If Under 24 Months Doys Hours M
do	A. USUAL OCCUPATION of during most of working Housewif	life, even if retired)	B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or Conn.	foreign country)	12. CITIZEN OF WHAT COUNTRYSA
13	Mich	ael Samoka	c		Anna Ojevi		
1.5 (Y	. Was Deceased Ever in es, no ar unknown) (If yes No	n U. S. Armed Force s, give war or dates	s? of service)	16. SOCIAL SECURITY NO. 043-20-8759	17. INFORMANT Records- US	S PHS Hospital	ADDRESS 1, Balto, Md.
-		CONDITION DIRECTION TO DEATH	CTLY	CAUSE O	ock secondary	to acute	INTERVAL BETWEEN ONSET AND DEATH Shock—8 hrs Leukemia—
	heart foilure, asther	on the mode of d na, etc. It meons th on which coused d	e diseose,	DUE TO		leukemia- sepsis	2-3 mo
	DISEASES OR CO	EDENT CAUSES ONDITIONS, if on the cause (A) s NDITION lost.		(B) DUE TO			
MOITA	OTHER SIGNIFICAN TO THE DEATH DISEASE OR COND	T CONDITIONS CO BUT NOT RELATE	NTRIBUTING D TO TH	3			
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SO IN D	OR CONTRIBILITING	CAUSE OF	21 B. ham etc.)	e, lorm, foctory, street, of	or obout 21C. WHERE DIE fice bldg., INJURY OCCUR	(If in Baltimor	e City, give exact lacotion)
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	22. I certify that (that (1)/(we) last sand haur and from	saw the deceased	alive on	Aug. 25	uly 31 19 67 one		g. 25 1967 inian death accurred on the
	23A. SIGNATURE In a 23C. PHYSICIAN'S NAME (Type)	rtin D.	ale	ROPP M.D. Atte	ending Med.	Stoff Phys.	8/25/ 67
	Martin D	Abeloff,	SA Su	rg (R) M.D.		ital, Balto,	Md , ity, town, or county) (Ste
24	REMOVAL (Specify) Removal	8/26/190	67 Har	npton National	Ceme terv	Hampton, Va.	



	E CASE NO. NAME OF DEC pe or Print)		9.0	11 7 0	2, DATI	AND HOUR OF DEATH	
3.	PLACE OF DE	Thomas	H.	Hale, Sr.	II4 LISUAL PESIDENCE	Where deceased lived/If i	institution: regidence before
	TAGE OF BE	ATT IN DESIGNATIONS IN	AAAAAAAA		A. STATE B. C	OUNTY GECENSON INVESTITION	institution, residence/beture
	FULL NAME CHOSPITAL OR	OF (If not in hospit oddress or laco	al ar institution,	give street	Maryland		
	INSTITUTION					f autside city limits, write	RURAL and give tawnship
	90	Gould Conval	esarium		Baltimore D. STREET ADDRESS	(If rural, give location)	1 ch
	/				201 East	t 32nd St.	
5.	SEX	6. RACE		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Ur Months Doys Hours
M	ale	White		D, DIVORCED (specify) Married	Nov. 11, 188	last birthdoy)	Monins
102	USUAL OCC	UPATION (Give kind of w	ork 108, KIND O		11. BIRTHPLACE (State or	fareign country)	12. CITIZEN OF
dor	Retired		-,	City Health		ill, Illinois	WHAT COUNTRY
13.	FATHER'S NA		Dazoo	Or of Hour of	14. MOTHER'S MAIDEN		
	Thom		Hale			?	
15		d Ever in U. S. Armed I			17. INFORMANT	-	ADDRESS
(Ye	s, na ar unkna wr	n) (If yes, give war ar d	ates of service)	1 6. SOCIAL SECURITY NO.			ADDRESS
	No	None				ale, Jr. 5 621	stonington .
	18.	1/1		CAUSE C	DE DEATH		INTERVAL BET
	DISEA	SE OR CONDITION			1 1	0	
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IMPORTANT

DIRECTOR:

FUNERAL

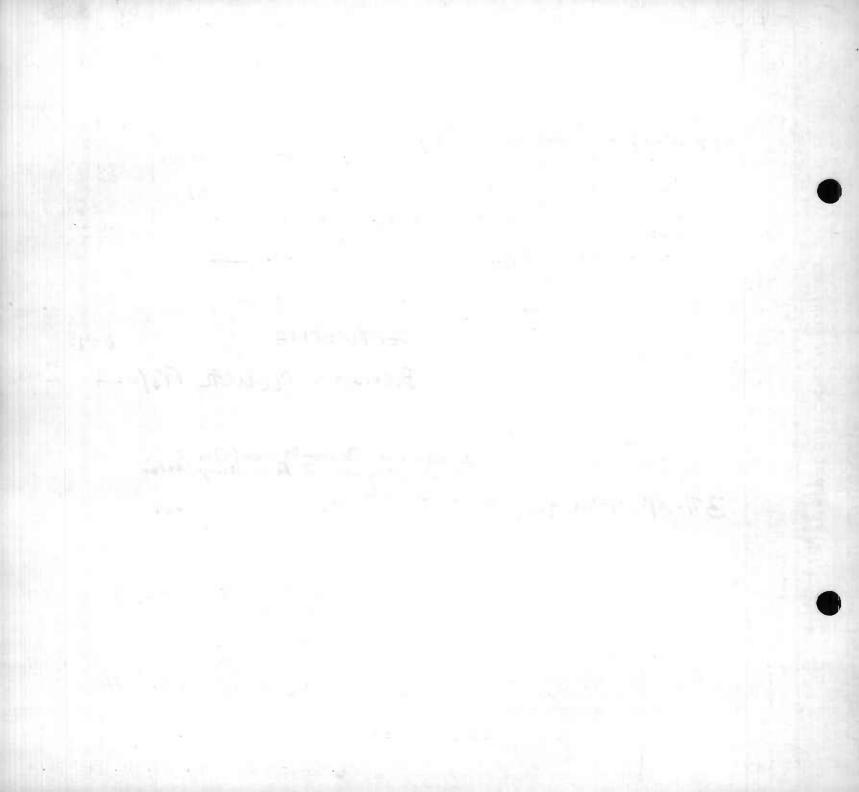
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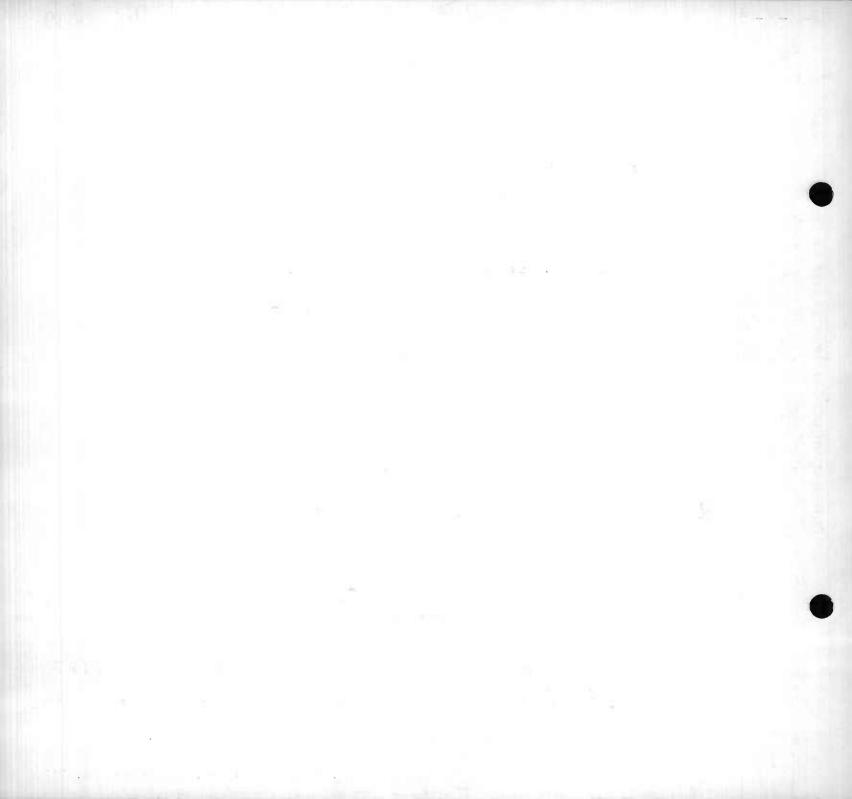
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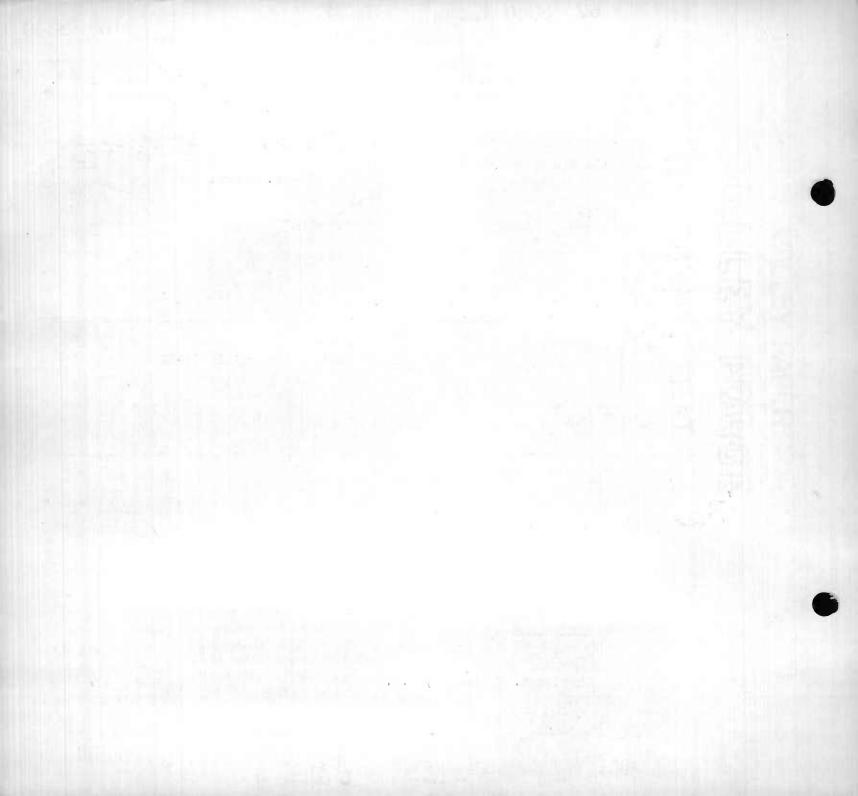
EDWARD L. TEMPORAN FOR TEMES BY

M.E. CASE NO.	SED	833	CERTITICA	TE OF DEA	TH Registered No	· ·
(Type or Print)	ALFF		BREY		8/28/0	67 11 - AN
FULL NAME OF	(If not in hospital or oddiess or location)	institution, g	•	C. CITY OR TOWN D. STREET ADDRESS	B. COUNTY Cand: (If outside city limits, with allo:	Bulk (Brund give township)
m	W	WIDOWED	NEVER MARRIED DIVORCED (Specify)	3-11-1		If Under 1 Yr. If Under 24 Hrs Months Days Haurs Min.
do twee most of worker of 13. FATHER'S NAME	ATION (Give kind of work 10 king life, even if retired)		ehem Steel Co	0	sylvania.	12. CITIZEN OF WHAT COUNTRY?
A A A A A A A A A A A A A A A A A A A	MARK I	BRE	Y	Cok		
	rei in U. S. Armed Forces f yes, give wor or dotes o		16. SOCIAL SECURITY NO. 213-09-2277	17. INFORMANT Hospital	Records	ADDRESS
LE	OR CONDITION DIRECTADING TO DEATH		CAUSE O	TICEN 1	A	INTERVAL BETWEEN ONSET AND DEATH
uise la the	CONDITIONS, if any abave cause (A) si CONDITION last. II CANT CONDITIONS COIL THE BUT NOT RELATE CONDITION CAUSING IT	laling lhe	Denral	Thrombi	-embolis, & Q-K arrejut	atrin
7/S,8/3,	WAS UNDERLYING OF	RMED BY	PLACE OF INJURY (e.g., in, form, foctory, street, of	or obout 21 C. WHER	es or No) 208. IF YES, WER IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH? OTO City, give exact location)
-	Month) (Doy) (Year) (Hour 21E	INJURY OCCURRED e At Not While At Work		DID INJURY OCCUR?	
that (I) (we) Ia and haur and fr 23A. SIGNATURE	ram the causes stated	alive an abave. (I)	8 - 28 (We) (did) (did nat) v	19 67	death.	9 - 2 8 19 67 pinian death accurred an the date 238. DATE SIGNED
23C. PHYSICIAM'S NAME (Type	ATION, 248, DATE	F.		nding Med. S. Direct ADDRESS MATORY	uylans. C	Sen. Hesp (City, town, or county) (State)
Burial 25A. DATE REC'D	9/1/67	Sco	otch Hill Cem		Leeper, Pa.	ADDRESS
7	OG 0 T 1201	No 15 A	talk ma	Wm. Cook	-Brooks, Inc.	1217 St. Paul St.





67. 8340 BALTIMORE CITY HEAL	TH DEPARTMENT	00 0010
BIRTH NO. 307-14574 MEDICAL EXAMINER'S CE		ed No. 67 8340
M.E. CASE NO.		
1. NAME OF DECEASED (Type or Print) KATHY LAWLESS	2. DATE AND HOUR PRONOUNCED August 13, 1967	3:20 A.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	A. USUAL RESIDENCE (Where deceased lived. II institute. A. STATE Maryland	ITY
HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION	Baltimore	RURAL and give township)
Franklin Square Hospital (DOA)		
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH P. AGE (In years	II Under 1 Yr. If Under 24 Hrs.
Female White	2 weeks	Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if refired)	11. SIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	17. INFORMANT	ADDRESS
IB. CAUSE	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		ONSET AND DEATH
(This does not mean the mode of dying, e.g., DIE TO	cerstitial pneumonitis (SDII)	
heart failure, asthenia, etc. It means the disease. injury or complication which caused death.)		
ANTECEDENT · CAUSES		
RISE TO THE ABOVE CAUSE (A) STATING THE		
UNDERLYING CONDITION LAST.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FIN IN CERTIFYING CAUSE YES	
	in or about 21C. WHERE DID (If in Baltimare City, give	e exact location)
UTING CAUSE OF DEATH.		
21D TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
m. WORK AT W	ORK	
22. I certify that I held on Inquiry Inspection Aut	apsy X and that on this basis, death in my	apinion
resulted from: Natural causes X Accident Suicide	e Hamicide Undetermined manner	
ACTUAL SIGNATURE CLEURS M.D.	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	DATE SIGNED
EXAMINER'S Charles S. Springate, M.D.		igust 13, 1967
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY OR REMOVAL (Specify)	CREMATORY A 1 4280 BOCATION AND COIN	Nown, br county) = 1 tstolet
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR	ADDRESS
AUG 31 1967 P. P. F. Falleuma	MORTUARY SERVICE	- BCHD
VS 151-REV. 1/1/65	78360	7



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Herman : E of

(Juday)

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

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FUNERAL DIRECTOR: IMPORTANT	2
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death).	-00
written approval must be obtained before the remains are embalmed or final disposition is made.	

		67 5	8343	BALTIMORE CITY	HEALTH DEPARTMENT		CD	0242
	H NO.	07	3040	CERTIFICA	TE OF DEATH	Registered No	. 67	8343
	CASE NO.	CEASED			2. DATE	AND HOUR OF DEATH	4	
Туре	e or Print)	A 443 c	son J.	Reene	And	s. 30, 196°	7 1	5- P
B. PI	ACE OF DE	ATH IN BALTIMORE MA		Decite	4. USUAL RESIDENCE (W	here deceased lived. If		nce before admission
					A. STATE B. COL	INTY		
	ULL NAME (give street	Maryland			
	OSPITAL OR	oddress or locotio	n)		C. CITY OR TOWN (If	outside city limits, write	RURAL ond giv	e township)
		Tomorroad Ar	a+a		Baltimore	3	10	1-000
1	00	Homewood Ap		0.L	D. STREET ADDRESS	(f rurol, give location)		
		Charles &	J.St.	Sts.	Charles &	31st. St	s.	
5. SE	EX	6. RACE		, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Y	r., If Under 24 H
]	M	W		D, DIVORCED (specify)	10-31-1883	lost birthdoy)	Months Doy	s Hours Min.
404	USUAL OCC	TIPATION (Give kind of wor			11. BIRTHPLACE (Stote or fo		12, CITIZEN	OF
		working life, even if retired)	Tool Kill O		11. SIGNITURE (31010 0. 10	seigh edunny,		OUNTRY?
	Profe	ssor:	Teacl	hing	Virginia		U	SA
13. F	ATHER'S NA	ME	1		14. MOTHER'S MAIDEN N	AME		-24
	1223	n C Boons			Jane Beat	AV		
		on S. Beane	?	114 606111		- V J	4	DRESS
		n) (If yes, give wor or dote		16. SOCIAL SECURITY NO.	17. INFORMANT		AD	DKE22
	No			212-20-4327	Mrs. Nan D.	Beane	Ab	ove
1	1B. / 9 0	9 /1		CAUSE O				RVAL BETWEEN
	DISEA	SE OR CONDITION DI	RECTLY				ONS	ET AND DEATH
	DIJEA	LEADING TO DEATH	NE G I E I	5	orcoma tosis		7	Slors
	(This does	nal mean the made ai	dying, e.g.,	DUE TO				7
	hearl failure,	, aslhenia, elc. Il means	the disease,					
	injury ar cai	mplication which caused						
		ANTECEDENT CAUSES		DUE TO				
		OR CONDITIONS, if						
		G CONDITION last.	stating the	(C)	······································		*******************	
-	CHUEKLIIN							
z		- 11						
ATION	TO THE C	DEATH BUT NOT REL	ATED TO TH	HE proterio	sclerotic 1	heart dus	me 6.	years
A		CONDITION CAUSING						
F	IVA. DATE O	F OPERATION 198. CON	FORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or	No. 208. IF YES, WERE IN CERTIFYING C	AUSES OF DEAT	NSIDERED TH?
ERTIFIC)				AU			
U	21 A. ACCIDE OR CONTRIB	INT WAS UNDERLYING	21 E	B. PLACE OF INJURY (e.g., in	fice bldg., INJURY OCCUR?	((f in Boltimo	ore City, give ex-	oct locotion)
		y medical examiner	etc					
	21 D. TIME	(Month) (Doyl (Year)	(Hourl 21E	INJURY OCCURRED	21 F. HOW DID II	NULRY OCCUR?		
NE C	OF INJURY			hile At Not Whil				
	(APPROX)		Wo					
2	22. I certify	y that (1) (this hospita	I) ottended t	the deceased from	March 3	1952 to C	regent:	30 1967
) lost sow the decease		4-11			0	
				•			Jillion deoth o	scorred on the d
- 4			ted obove. (1) (We) (did) (did not) v	iew the body ofter deoth	1.		
1	23A. SIGNAT	URE	2 ~	,			23B, DATE SI	GNED
		m. F.C	0032	M.D. Atte	s. Med. Director	Stoff Phys.	310	rug 67
1	23 C. PHYSICI.	AN'S			23D. ADDRESS			
	NAME (William	F Co	77	1118 St. Pa	ם 40 [נום	olto	Ma
						aul St., B		
24A.	REMOVAL	EMATION, 248. DATE	24C. N	AME of CEMETERY of CRI	MATORY 24D.	LOCATION	City, town, or co	unty) (Stole)
B	urial	9-2-6	7 1.7	201100	7.7			3.6.3
,		D BY HEALTH DEPT.	1	oodlawn of registrar	25C. FUNERAL DIRECT	odlawn		ADDRESS
		AUG 31 1967	DOR	C. INDON		ns & Sons		
		Und a T 1201	AT CHEN	a) starkenting	Un . danner	TE OCITE	00 4 700	TOTK III
S 1	50-REV. 1/1/	/65			10	197		

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3, 3

March Street, Street, or Street,

G	- 63-0	BIRTH NO. M.E. CASE NO. 67 8344 CERTIFICATE OF DEATH Registered No. 67 8344	
	dea dea sas	1. NAME OF DECEASED (Type of Print) Howard Green 5. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before A, STATE B, COUNTY	/+ M.
occurred in a	hosi use ; (5) danc	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR INSTITUTION) C. CITY OR TOWN (If outside city limits, write RURAL and give township) Rattamere	/
	D.E O D.E .	University of Mr. Hospital 534 Mount st.	de 24 Ha
	occur ontrik ermin regul sased is ma	WIDOWED, DIVORCED (specify) 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF	1
	deat Unde /as ir ne de ositio	LABOREN GEN CONTRACT BALTO MD USA 13. FATHERS NAME 14. MOTHERS MAIDEN NAME	
ANT	B - D = 0 -	CHAS. GREEN 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service) 466 WWIJ 16. SOCIAL SECURITY NO. Reymond Green 1614 w. Franks	1N5
PORTA	if the any lead or fi	DISEASE OR CONDITION DIRECTLY CAUSE OF DEATH INTERVAL BET ONSET AND I	WEEN
OR: IM	er. Als cture o pronou lar att	LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, osthenia, etc. It means the disease, injury or camplication which caused death.)	lings
IRECT	l examine (3) A fragan who gan who gan in regul	DISEASES OR CONDITIONS, if any, giving isse to the obove couse (A) stating the UNDERLYING CONDITION lost.	erujo.
LD	medica burns, bysici in was remai	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	<u>-</u>
FUNERA	the chief all by a lift (2) Body lere the ophysici	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR? etc.) 21A. Autopsy? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location bldg., INJURY OCCUR?)	
	hospit nature ept wh d (6) N ained b	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) While At Work At Work	
•	any (exc); an	that (1) (we) last saw the deceased alive an	1967
	cate must be a vas released to An accident of . at a hospital prior to death) proval must bo	and haur and fram the causes stated abave. (I) (We) (did) (did nat) view the bady after death. 23A. SIGNATURE William Cl. Staff Director Phys. Director Ph	67
	s: (1) S: (1) D.O.A ased 1	Bruns G-1-67 Brus NATION A BOZTO MD. Unweisely of Maryland HOT 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (C.W. town, or county) Bruns G-1-67 Brus NATION A BRZTO MD	(Stote)
	This cer the bod shows: was D.G decease	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR AUG 31 1967 P. D. B.E. Falley M. Pranchow P. Haym 678 NG. 12 mm 1 1	est

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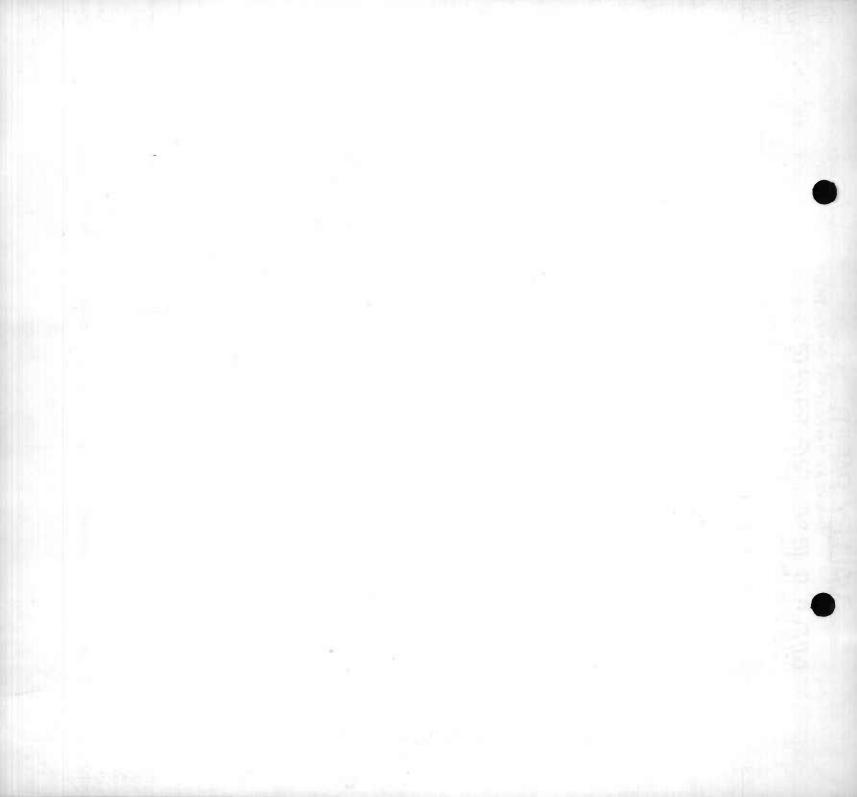
B-400	M.E. CASE NO.	CERTIFICATE OF DEATH Registered No.
	(Type or Print) LOUEMMA BLUE	2. Date and hour pronounced dead August 29, 1967 9:25 A.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE Maryland B. COUNTY
	FULL NAME OF IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN IIf outside corporate limits, write RURAL and give township)
	222 N. Payson Street	Baltimore D. STREET ADDRESS IIf rurol, give locoson) 222 N. Payson Street
•	5. SEX Female Negro 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)	8. DATE OF BIRTH 9. AGE (In years lost birthday) 19. AGE (In years Months, Doys Hours Min.
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTIGATION (Give kind of work) AT HOME	LEDSPRINGS N.C. YOU
	AlbyANDER McLAIN	BOATRICE PARICEN
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown), Ilf yes, give wor or dotes of service) 16. SO CIAL SECURITY NO.	Sount Blue 222 N Pays on St
	18. CAUS	E OF DEATH INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) F	atty metamorphosis of liver
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	- H
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	1 - 2 - 2 - 6/4
	RISE TO THE ABOVE CAUSE IA) STATING THE UNDERLYING CONDITION LAST.	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A, AUTOPSY? IYes of No. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	WAS PERFORMED	Yes IN CERTIFYING CAUSES OF DEATH?
	21A. EXTERNAL CAUSE WAS 21B, PLACE OF INJURY (e.g.	Yes Yes, in or obout 21C, WHERE DID (If in Boltimore City, give exact location) office bldg., NJURY OCCUR?
	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., home, form, foctory, sheet, etc.) 21D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED (APPROX.)	, in or obout 21C. WHERE DID (If in Boltimore City, give exact location) office bldg., NJURY OCCUR?
•	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTION OF COUNTRIBUTION OF COUNTRIBUTION OF INJURY (e.g. home, form, foctory, street, etc.) 21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) 22. Certify that I held an Inquiry Inspection A	while and that on this basis, death in my aplnian
•	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.) 21D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED WHILE AT NOT AT WORK 22. I certify that I held an Inquiry Inspection Accident Suici	office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? WHILE WORK utopsy X and that on this basis, death in my aplnian de Hamleide Undetermined manner CHIEF MEDICAL EXAMINER DID (If in Boltimore City, give exact location)
	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.) 21D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED WHILE AT NOT AT WORK 22. I certify that I held an Inquiry Inspection Accident Suici	while and that on this basis, death in my apinian de Hamicide Undetermined manner CHIEF MEDICAL EXAMINER
	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UNDERLYING CAUSE OF DEATH. 21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) 22. Certify that I held an Inquiry Inspection AT (AT (ACTUAL SIGNATURE AT (ACTUAL SIGNATURE) ACCIDENT ACTUAL SIGNATURE EXAMINER'S Charles S. Springate. M.D.	while and that on this basis, death in my aplnian de Hamloide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER August 29, 1967
	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) 22. I certify that I held an Inquiry Inspection AT resulted fram: Natural causes Accident Suici ACTUAL SIGNATURE EXAMINER'S Charles S. Springate, M.D. 23A. BURIAL CREMATION, 23B. DATE 23B. DATE 21B. PLACE OF INJURY (e.g., home, form, foctory, street, home, form, foctor	office bldg. 21C. WHERE DID office bldg. 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR?

Kenseya Fares

	67 8346	ALTIMORE CITY HEALTH DEPARTMENT		67 8346
	1 NO.	ERTIFICATE OF DEATH	Registered Na	07 0040
1. N	CASE NO. AME OF DECEASED	2. DATE	ND HOUR OF DEATH	n . C. aRis
(Тур	or Print Pence	1/1	Maut	3111967 AM
3. PI	LACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Wh A. STATE B. COU	ere declased lived, If ins	titution: residence before admission)
FI	ULL NAME OF (If not in hospital or institution, give stree		rufand	
H	OSPITAL OR oddress or location)		utside city limits, write R	URAL ond give township)
flora.	a come to Salamette he	130	ellemen	16-06
0	2813. W. Fugayere	D. STREET ADDRESS (1	f rurol, give location)	- 111
	2815. W. Lafayette he Balts mil	2815. W	1	W UR
5. 51	6. RACE 7. MARRIED, NEVER WIDOWED, DIVOR	MARRIED B. DATE OF BIRTH CED (specify)	9. AGE (n years)	If Under 1 Yr. If Under 24 Hrs. Months! Doys Hours Min.
R	male - mass	ul 8-29-1901	66	
	USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINE during most of working life, even it retired)	SS OR INDUSTRY 11. BIRTHPLACE (Stote or los	eign country)	12. CITIZEN OF WHAT COUNTRY?
	Houseurle	Oak Hell	nC.	11. SA
13. F	ATHERS NAME	14. MOTHER'S MAIDEN NA	ME	
	and Wilking	man	Lat.	
15. V	Vas Dyeased Ever in U. S. Armed Forces? 16. SOC no oyuknown) (If yes, give wor or dotes of service) SEC		- Colo	ADDRESS
(Tes,	no oyunknown) (II yes, give wor or dotes of service) SEC	URITY NO.	2	
1.	18. 4 2 0 1	CAUSE OF DEATH	lace	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY		1 1	ONSET AND DEATH
	LEADING TO DEATH	a cleute my	o con deal	With the
	(This does not mean the made all dying, e.g.,	(A) acute my a DUE TO en for etter		
	heart failure, asthenio, etc. It means the disease, injury ar camplication which caused death.)		1	
	ANTECEDENT CAUSES	(B) See we ref	tom course	2 1
	DISEASES OR CONDITIONS, if any, giving	V /		- V
	rise to the abave couse (A) stoting the UNDERLYING CONDITION last.	(C)	N N P C T N N N N O O O O O O O O O O O O O O O	
-				
10	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
ATIOH	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH O	PERATION 20A. AUTOPSY? (Yes or N	IN CERTIFYING CALL	INDINGS CONSIDERED
1	OP CONTRIBITING CALISE OF home law	OF INJURY (e.g., in or about 21 C. WHERE DID loctory, street, office bldg., INJURY OCCUR?	(If in Baltimore	City, give exact location)
0	DEATH (notify medical examiner)			
SH I	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OF INJURY		JURY OCCUR?	
2	(APPROX.) While At Work	Not While At Work		
1	22. I certify that (I) (this hospital) attended the dece	ased from	1966 to Qe	rep 31, 1967
	that (I) (we) last saw the deceased alive an	21		ion death occurred an the date
	and haur and from the causes stated above. (1) (We) (1		
	23A. SIGNATURE)		23B. DATE SIGNED
	Honly (toxes	M.D. Attending Med. Director	Stoff Phy s.	8.31.6 >
	23C. PHYSICIAN'S	23D. ADDRESS	rny 3.	4 07.6
	23C. PHYSICIAM'S NAME (Type)	UDDEM.D. 1101 Moide	· chair	1. Bartings
24 Å	BURIAL CREMATION, 24B, DATE 24C, NAME of		LOCATION (City	(, town, or county) (Stote)
	REMOVAL (Specify)	0	13/1	(Stote)
1	un al 4-1-67	MODURN Com	124 (Timore	Ind
ZJA.	AUG 31 1967	25C. FUNERAL DIRECTO	0 - 10/.6-	ADDRESS
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2 1	50-REV. 1/1/65			./



67	DO AM BALTIMORE CITY	HEALTH DEPARTMENT		CHY COAM
BIRTH NO.	8347 CERTIFICA	TE OF DEATH	Registered No	6/ 8347
M.E. CASE NO.			D HOUR OF DEATH	
Type or Print James H. Lin	berry an		ug 1967	10 45
PLACE OF DEATH IN BALTIMORE, MARYLAN	7.1	4. USUAL RESIDENCE (Whe	re deceased lived. If ins	titution: residence before od
FILL MANE OF MICH.	14.4°	A. STATE B. COUN	On N	
FULL NAME OF (If not in hospital or instruction)		C. CITY OR TOWN (III)	tside city limits, write R	URAL ond give township)
Sivai Hospital	Baltimore, INC.	May Ober	me	15-0
/			rurol, give location)	1
42.		3313 Leu	ghtor St	ut
	ARRIED, NEVER MARRIED IDOWED, DIVORCED (specify)	B. DATE OF BIRTH	AGE (In years lost birthdoy)	If Under 1 Yr. If Under Months: Days Hours
mule "	Suldrive	1 foul 11-1887	20	
10A. USUAL OCCUPATION (Give kind of work 10B.	IND OF BUSINESS OR INDUSTRY	BIRTHPLACE (State or fore	ign country)	12, CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)		Protinge	mil	11 91
13. FATHERS NAME	_	74. MOTHER'S MAIDEN NA	ME	MAIT
() ames Ll-I	-1	man	P	
15. Wos Deceosed Ever in U. S. Armed Forces?	M6. SOCIAL	17. INFORMANY	/	ADDRESS
(Yes, no wunknown) (If yes, give wor or dotes of s	SECURITY NO.		. 1	
no		teom W	ely &	Center
18. 4 20.01	CAUSE O	OF DEATH		ONSET AND DEA
DISEASE OR CONDITION DIRECTL LEADING TO DEATH	()	Tun 1/2 TT	. /	16 days
(This does not mean the mode of dying	g, e.g., DUE TO (gestive Heart Fa	1/486	1000
heort foilure, osthenio, etc. It meons the c injury or complication which coused death	l'accession de la constant de la con			
ANTECEDENT CAUSES	(B) Arte	riosclerotic	HearTdisea	se
DISEASES OR CONDITIONS, if ony,				
rise to the obove couse (A) statis				
UNDERLYING CONDITION Iosi.				
O OTHER SIGNIFICANT CONDITIONS CONTR	RIBUTING			
TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.				
	N FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE F	INDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM	:0	Yes	IN CERTIFYING CAU	DES OF DEATH?
OR CONTRIBUTING CAUSE OF	21B, PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(If in Boltimore	City, give exact lacotion)
DEATH (notify medical examiner)	etc.)			
21D. TIME (Month) (Doy) (Year) (Ho	un 21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX)	While At Work Not Whi	le 🗀		
22. I certify that (+) (this hospital) atta			19 67 to 1711	9 28 19
that (I) (we) lost sow the deceased ali	1	1/	- (/	ion death occurred on
and have and from the causes stoted al			, (m), (mag) opin	overm occomed on
23A, SIGNATURE 4	Juve. (I) (Jee) (did) (Jim no!)	view the body offer deoth.		23B, DATE SIGNED
Re-212 min	Kropiches M.D. AH	ending Med. Director	Stoff	Aug 29,198
23C.PHYSICIAN'S	Phy	23D. ADDRESS	Phys.	1 1/1/10
NAME (Type)		Cinai Hos	pital of Ta	/timore
Benjamin A. K	ropsky M.D.	0//-	/ / /	
24A. BURIAL CREMATION, 248. DATE REMOVAL (Specify)	24C/NAME of CEMETERY of CR	EMATORY 24D. L	OCATION	y, town, or county)
Duna 9-1-61	Mt Cahan (ent L	100 Kly	2 me
AUG 31 1967	NAME OF REGISTRAR	25C. THERAL DIRECTO	10	ADDRESS
AUG 31 1967 (1)	obert E. Jarber MA	CHARLI UN	Ulsor1000	Brunter
S 150-REV. 1/1/65	A. S.	10000		



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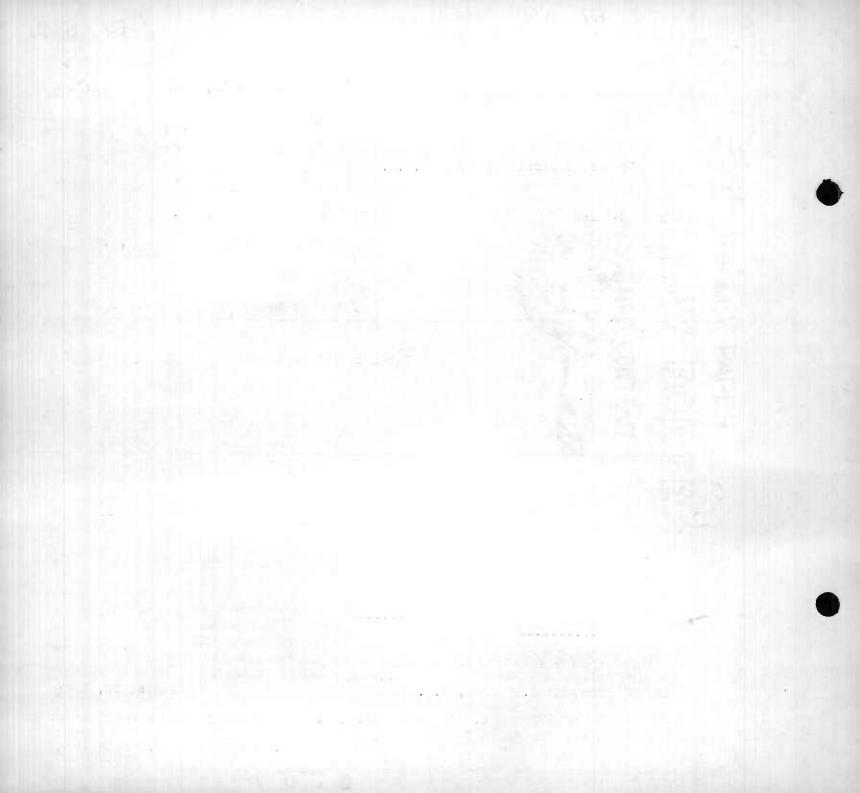
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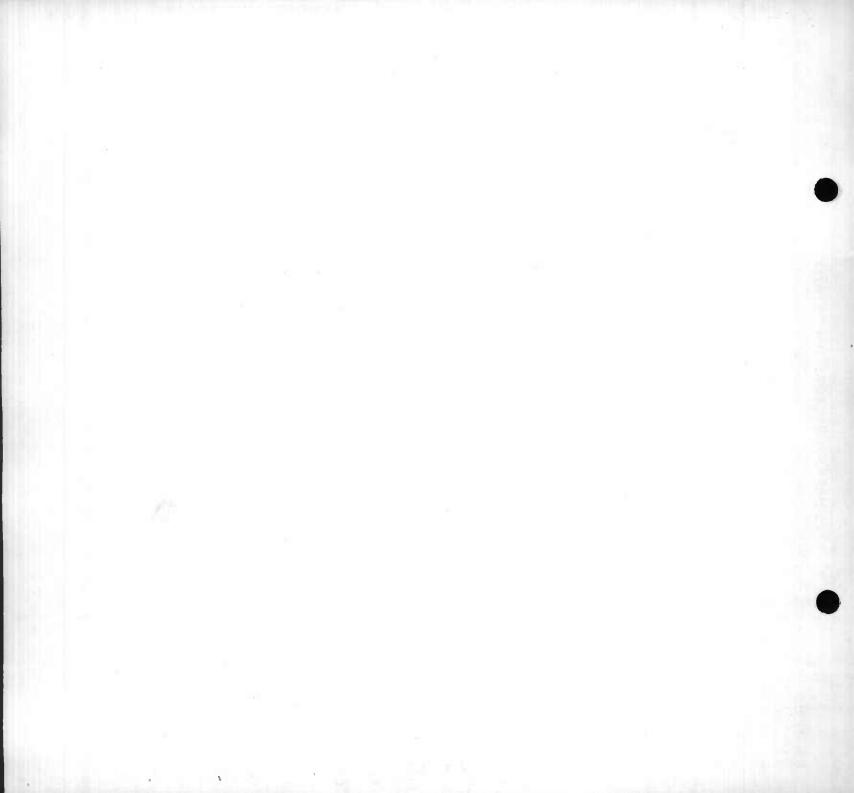
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	03014	MEDICAL EX	KAMINER'S C	CERTIFICATE OF D	EAIH Registe	red Na. O O O O O
M.E. CASE NO. I. NAME OF DEC	CEASED			2. DATE AND	HOUR PRONOUNCE	ED DEAD
	DEBORAH	BOONE AND, WHERE PRONO	UNCED DEAD	Augu	st 27, 1967	tulion: residence before odmission)
FULL NAME OF HOSPITAL OR NSTITUTION	(IF NOT IN ADDRESS	HOSPITAL OR INSTIT	UTION, GIVE STREET	A. STATE Maryland C. CITY OR TOWN (If outside		
South B	Baltimore	General Ho	spital D.O.A	D. STREET ADDRESS (If rurol,		
S. SEX	6. RACE	7. MARRIED	NEVER MARRIED	307 Bridg	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
			DIVORCED (specify)	Fab 36 3066	lost birthday)	Months Days Hours Min.
Female	Colore UPATION (Give k	ind of work 10B. KIND O	F BUSINESS OR INDUSTR	Feb 16, 1966 RY 11. BIRTHPLACE (Stote or foreign	1/ Mo.	12. CITIZEN OF
None None 3. FATHER'S NAM	working life, even	if retired)	N/A	Baltimore, Mary	land	U.S.A
Donr	nel Boon			Shirley Sewell		
5. WAS DECEASE	ED EVER IN U.S	. ARMED FORCES?	16. SO CIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	in tir yes, give w	or or dotes of service)	None No.	Mr. Dornel Boon	e 307 Brid	lgeview Rd
DISEASES RISE TO TH UN DERLY!	HE ABOVE CAU NG CONDITIO	NS, IF ANY, GIVING				
	F OPERATION	CAUSING IT. 19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION	YES	IN CERTIFYING CAU	SES OF DEATH? YES
UNDERLYING	CAUSE WAS OR CONTRIB- USE OF DEATH.	hom	e, form, factory, street,	office bldg., INJURY OCCUR?	If in Boltimore City, gi	ve exact location)
21D TIME OF INJURY (APPROX.)	(Month) (De	,,,	WHILE AT NOT NOT AT	WHILE WORK	IRY OCCUR?	
1	IL FURE NER'S	d an Inquiry There is a second of the second	Inspection And Accident Suici		AMINER	
23A. BURIAL CRI REMOVAL (Special Burial	EMATION, 23B		3c. NAME of CEMETERY It. Zion Meth		OCATION (City	ne Arundel Co, Md
24A. DATE REC'E			6 E Farley	24C. FUNERAL DIRECTOR Herbert E. Ni		W. North Ave
VS 151-REV. 1/1		1 1)	6 / (1))	00360		1/



IMPORTANT

DIRECTOR:

FUNERAL

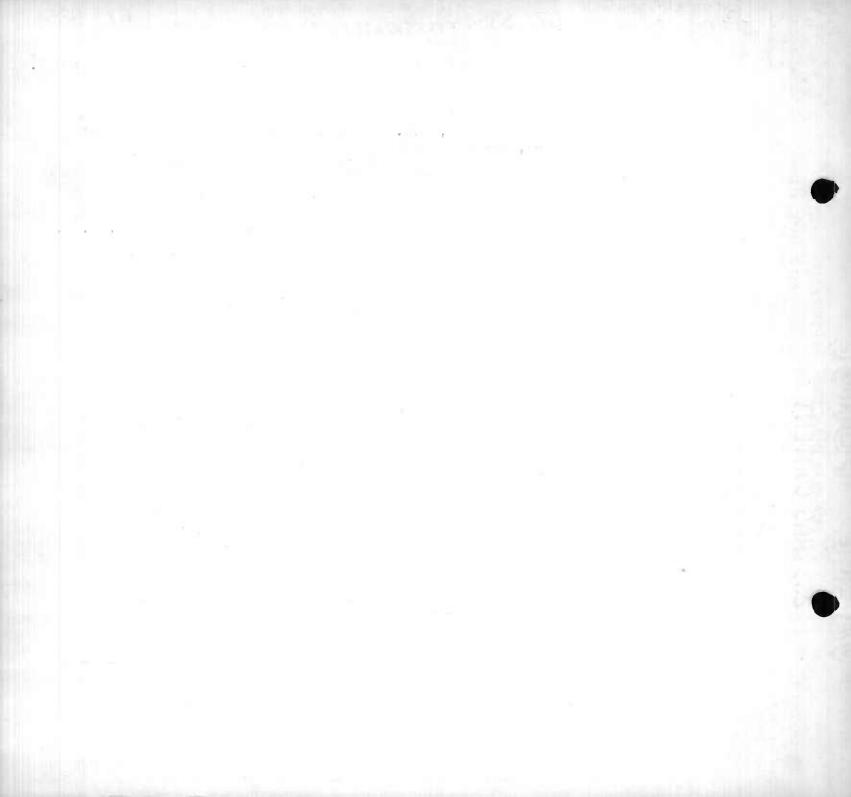


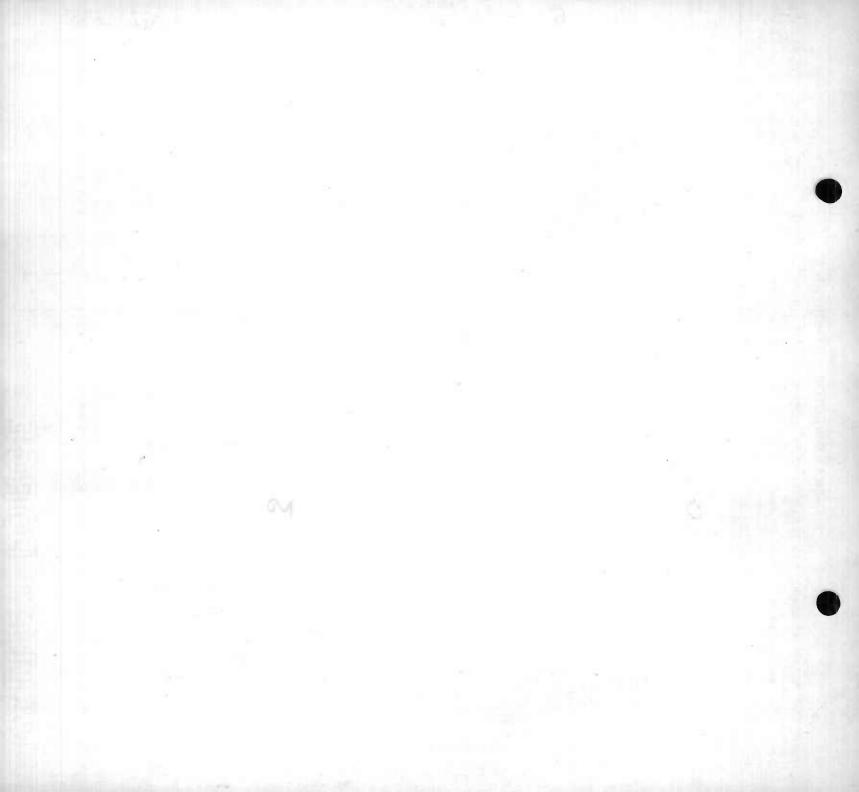
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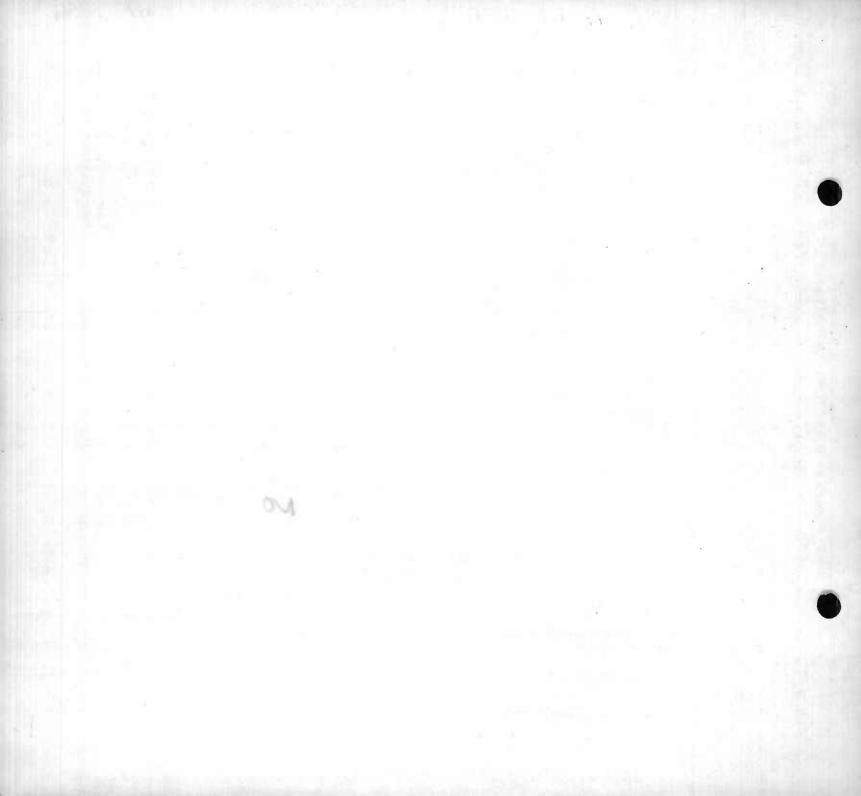
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PLACE OF DEATH IN BALTIMORE, MARYLAN	D AARON INLODE	4. USUAL RESIDENCE (Where deceased lived.	If institution; residence before admis
		A. STATE B. COUNTY	
FULL NAME OF (If not in hospitot or insti HOSPITAL OR oddress or location)	lution, give street	C. CITY OR TOWN (If outside city limits, wi	ite RURAL and give Jownship)
INSTITUTION		BALTIMORE	He KOKAL ONG GIVE DWISHIP!
JUHUS HOPKINS HUSPIT	AL	D. STREET ADDRESS (If rurol, give location)	0 01
33		1108 NORTH BOND STRE	FT
. SEX 6. RACE 7. MA	ARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	TWIN I AM WAS A
MALE NEERO NE	DOWED, DIVORCED (specify)	8/24/67 lost birthdoys	Months Doys Hours Mi
OA. USUAL OCCUPATION (Give kind of work 10 B. KI one during most of working life, even if retired)	ND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
CHILD		BALTIMORE MD	us
3. FATHER'S NAME		14. MOTHERS MAIDEN NAME	
ARON BRUCE CHILES		MARILYN	
5. Wos Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	ADDRESS
(es, no or unknown) (If yes, give wor or dotes of se	SECURITY NO.	TA INTORNALAT	ADDRESS
18	CAUSE	DF DEATH	INTERVAL BETWEEN
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LEADING TO DEATH	Re	severtory Districe Endo	en 11/2 16-1
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heart failure, asthenia, etc. It means the di	sease,	ematerity	11/2 days
heart failure, asthenia, etc. It means the di injury ar camplication which caused death. ANTECEDENT CAUSES		spiratory Distress Synds emateurity	11/2 days
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YES END NO

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 1:00 P. M. 4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A. STATE
B. COUNTY (If outside city limits, write RURAL and give towership) If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 6 12. CITIZEN OF WHAT COUNTRY? U. S. A. ADDRESS Same INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Battimore City, give exact location) 8-5-67 ond that in(my) (our) opinion death occurred on the date 23 B. DATE SIGNED 8-10-67 ADDRESS VS 150-REV. 1/1/65

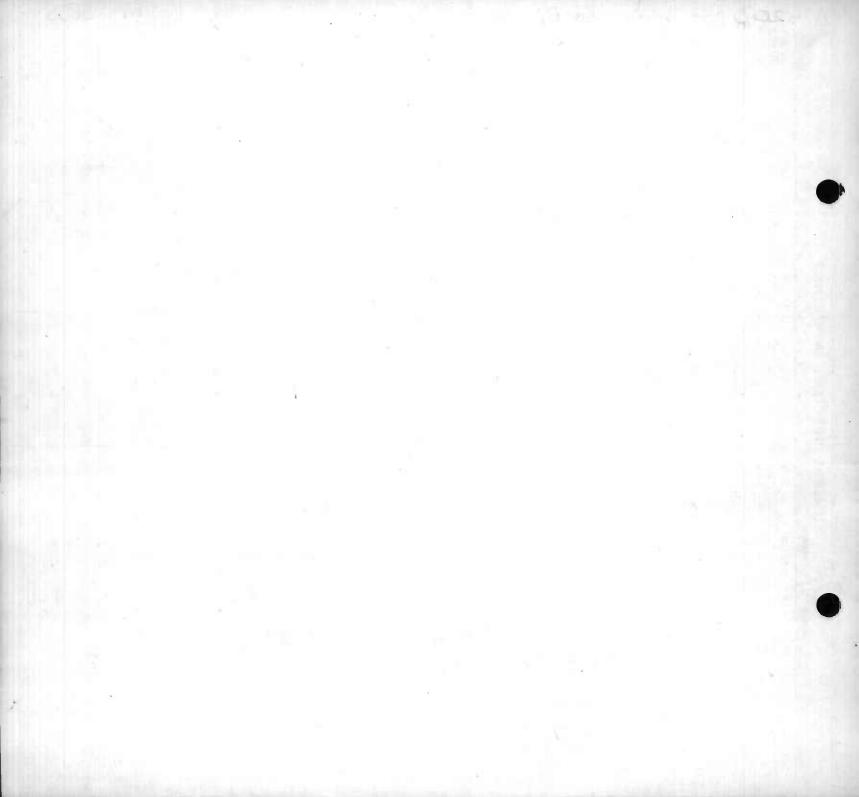






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4. USIIAL RESIDENCE (Where deceased lived, If institution; residence (If autside city limits, write RURAL and give township) 00 If Under 1 Yr. If Under 24 Hrs. Months! Days Hours 12. CITIZEN OF WHAT COUNTRY INTERVAL BETWEEN ONSET AND DEATH 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimare City, give exact location)and that in (my) (aur) aplnian death accurred an the date 23B, DATE SIGNED VS 150-REV, 1/1/65



BIRTH NO.	67	8359 CERTIFIC	ITY HEALTH DEPARTMENT ATF OF DEATH Registered	67 8359
M.E. CASE NO. 1. NAME OF DECEA: (Type or Print)			2. DATE AND HOUR OF D	. 41
	B. Frank		Aug 28, 196	
FULL NAME OF	(If nat in hospital ar in oddress or location)		4. USUAL RESIDENCE (Where deceased liver A. STATE B. COUNTY Maryland C. CITY OR TOWN (If outside city limits,	
INSTITUTION	Harford Ga	ardens Nursing	Bal timore	4-0
90	Ho	ome	D. STREET ADDRESS (If turol, give tocotic	
M	White	MARRIED, NEVER MARRIED (Specify) Married Married	B. DATE OF BIRTH 9. AGE (In year lost birthday) 12/12/1892 74 yr	S If Under 1 Yr. If Under 24 Months Doys Hours Min
oh USUAL OCCUPA done during most of worl Ministe	(ing life, even if retired)	KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stote or foreign country) Bal timore, Maryland	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME			14. MOTHERS MAIDEN NAME	
Edward W	er in U. S. Armed Forces?	1 6 SOCIAL	Mc Daniel	ADDRESS
Yes, no or unknown) (If	yes, give wor or dotes of	service) SECURITY NO. 220-24-5552	Lenore Auld 2948 Harfor	d Rd.
18. 4 2 2	7./1	CAUSE	OF DEATH	INTERVAL BETWEEN
DISEASE	OR CONDITION DIRECT	LY	Cenelral thrombosis	onset and DEATH
(This daes nat	mean the made of dyir henia, etc. It means the	ng, e.g., DUE TO	Cenebral thromboris timo schnotic Cardeo vencular divise	
	cotian which caused dea	th.)	wer cela deside Carrico	3
AN	TECEDENT CAUSES	(B)		
	CONDITIONS, if any, above cause (A) stot			
	CONDITION last.	(0)	***************************************	
TO THE DEA	II ANT CONDITIONS CONT TH BUT NOT RELATED NDITION CAUSING IT.			
		ON FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, IN CERTIFYING	WERE FINDINGS CONSIDERED G CAUSES OF DEATH?
OR CONTRIBUTION DEATH (notify me	WAS UNDERLYING DIG CAUSE OF	21 B. PLACE OF INJURY (e.g. home. form, foctory, street, etc.)	office bldg., INJURY OCCUR?	oltimore City, give exact location)
21D. TIME (A OF INJURY	Aonth) (Doy) (Year) (Ha	While At Not W		0
that (1) (we) lo	st sow the deceased of		ond that in (my)	opinian death occurred on the
ond hour ond fr	om the causes stoted) view the body ofter death.	23B. DATE SIGNED
23 C. PHYSICIAN'S	Crelanda	end M.D.	Attending Med. Stoff Phys. 23D. ADDRESS	8/29/67
NAME (Type	A. Allan Spie	r M.		Balto., Md.
24A. BURIAL CREMA REMOVAL (Spec Burial	TION, 24B. DATE	Loudon Park Cen	CREMATORY 24D, LOCATION	(City, town, or county) (Stote
		NAME OF REGISTRAR		, , , , ,



BALTIMORE CITY HEALTH DEPARTMENT

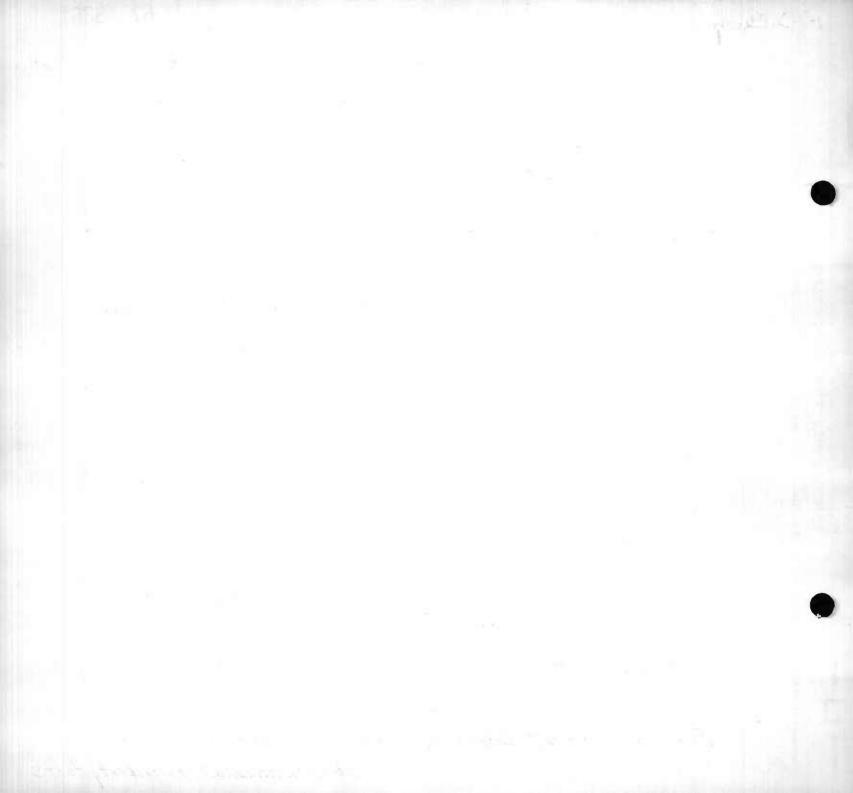
4. USUAL RESIDENCE Where deceased lived. If institution: residence A. STATE

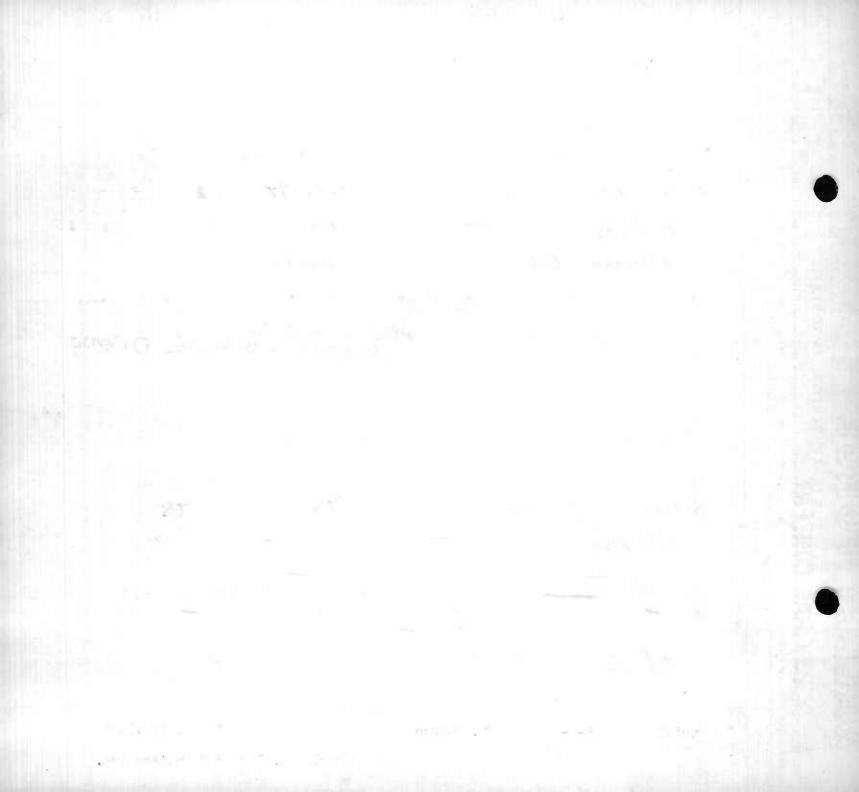
B. COUNTY (If outside city limits, write RURAL and give township) 00 ff Under 1 Yr. If Under 24 Hrs. 12. CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) and that in (my) (our) opinion death occurred on the date

Registered No.

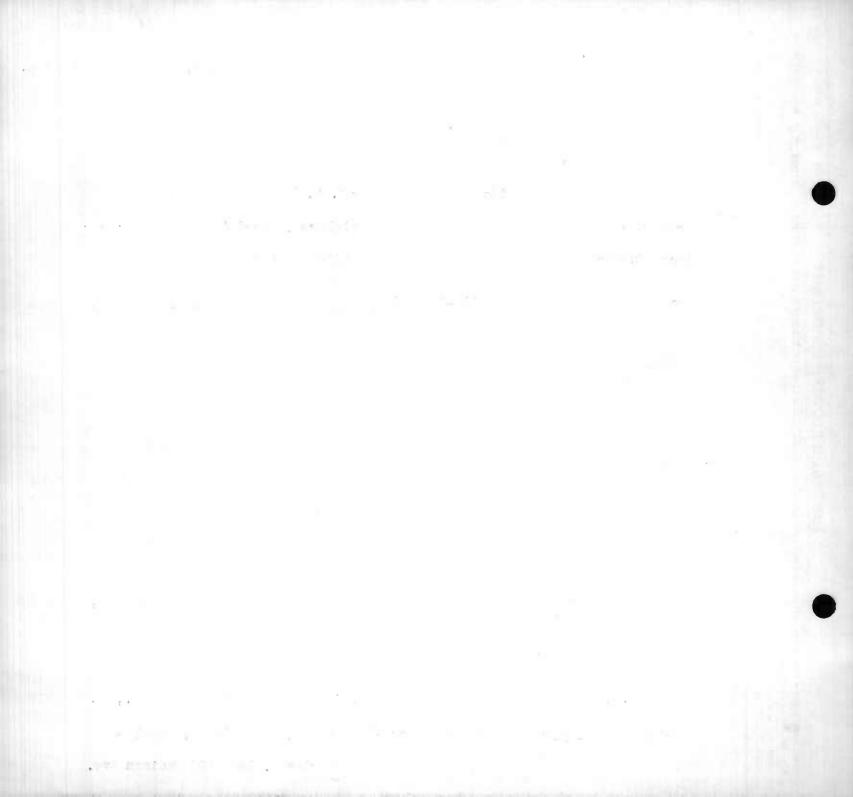
Men I lest vine St pand place . Seeks HD 11212 ALIC 1916 14 165 none none EZSECH ; MD. French m F. Willis Becey Jaan Mother SteVensWille Complete that facilities bound egymneric the water to the water Surpayer olling X 10/36 1863 mal pullar

death death n the Such	M.E	CASE NO. CASE NO. IME OF DECEASED OF PRINT! JAMES C. FOSTER, SR	ATE OF DEATH Registered No	5:20 A
hospita ise of (5) Dec ance o death.	F	JLL NAME OF OSPITAL OR oddress of lacation) STITUTION	4. USUAL RESIDENCE (Where Deceased lived. If in A. STATE B, COUNTY C. CITY OR TOWN (If outside city limits, write limits)	Ballo G.
ting d cau r atte prior e.		37 MERCY HOSPITAL	BALTIMORE D. STREET ADDRESS (If rurol, give location) 3517 HILLSMERE RD.	53-00
contributermine regula reased is mad		WIDOWED, DIVORCED (specify) MARRIED USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUST	B. DATE OF BIRTH 9. AGE (In years last birthday) 48 TRY 11. BIRTHPLACE (State or foreign country)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min. 12. CITIZEN OF WHAT COUNTRY?
if death set or e t) Under was in the dec	GA	during most of working life, even if retired) ATHERS NAME ATHERS NAME	MARYLAND 14. MOTHER'S MAIDEN NAME	USA
the dire the dire kind; (4 death nce on t	15. Y	JAMES H. FOSTER Vas Deceased Ever in U. S. Armed Forces? no or unknown) (III yes, give war ar dates of service) 16. SOCIAL SECURITY NO.	BESSIE BURTON 17. INFORMANT - ANN KostiNG-Foster-Si	ADDRESS
his as so, if any inced enda d or		CAUSE	OF DEATH	ONSET AND DEATH
xaminer or xaminer. Als) A fracture o who pronou regular att		(This does not mean the made at dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stoting the	EREBRO VASCULAR ACCIDENT(S ACUTE & CHRONIC YPERTENSIVE CAMIO VOTCULAR disease	ce 15 years
medical enedical eburns; (3 physician an was in	ATION	UNDERLYING CONDITION lost.		
chief y a n Body the p hysicie	RTIFIC	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	IN CERTIFYING CA	
by the pital bire; (2) where No p	CAL	21 A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (c.) OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21 D. TIME (Month) (Day) (Year) (Haurl 21 E. INJURY OCCURRED	g., in or about 21C. WHERE DID ((if in Baltimare affice bldg., INJURY OCCUR?	e City, give exact (acatian)
he hospite y nature; xcept wh and (6) No	ME	OF INJURY (APPROX.) While At Not V Work Not V	While ark	
of an		22. I certify that (1) (this haspital) oftended the deceased from	19 57 ond that in (my) (our) opi	
ccide ccide a hos to d		23A. SIGNATURE Henry of Stern M.D. 23C. PHYSICIAN'S NAME (Type)	Attending Med. Staff Phys. Director Phys.	8/29/67
body was r vs: (1) An a D.O.A. at assed prior		M	.D.	





	TH NO.		67 8	202	TE OF DEATH	Registered Na	67 8363
1. N	AME OF DEC	EASED M		,	2. DATE	AND HOUR OF DEATH	
	I	laggie :	Flacks		A.	ugust 28, 19	67 1:30 pd
3. P	LACE OF DEA	ATH'IN BALTIA	MORE MARYLAND		4. USUAL RESIDENCE (W	here deceased lived, If in JNTY	stitution; residence before admission
F	FULL NAME OHOSPITAL OR	oddress	in haspitol or institu or locotion) nt Hospit			outside city limits, write	RURAL and give township)
			vision St		Baltimore D. STREET ADDRESS	If rural, give location	9 00
		-		and #21217	523 Cumberl		
5. S		6. RACE		RRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. II Under 24 Hrs
	Temale	Negro	WID	OWED, DIVORCED (specify) 100 10 OF BUSINESS OR INDUSTRY	Feb. 6, 1900	lost birthdoyl 67	Months Doys Hours Min.
	during most of Housew	working life, eve		ID OF BOSINESS OF INDUSTRI	Richmond, Vi	,	12. CITIZEN OF WHAT, COUNTRY?
13.	FATHER'S NA				14. MOTHER'S MAIDEN N		
	Harry I	lunter			Ellen Hunte	r	
15. V (Yes	Wos Deceased s, no or unknown	Ever in U. S.	Armed Forces? wor or dotes of ser	1 6. SOCIAL SECURITY NO. 217-30-2901	17. INFORMANT	A (A)	ADDRESS
	18. 3 3				DE DEATH	ter (daugn.)	2311 N. Monroe
	heart failure, injury ar can DISEASES (rise fa the	asthenia, etc. nplication whit ANTECEDENT OR CONDITION	made al dying, Il means the dis ch caused death.) I CAUSES ONS, if any, goods	ease, (B) DUE TO	Cerebral Hen acute show	k.	X .
CERTIFICATION	TO THE D	CONDITION C			[20 A. AUTOPSY? Yes or	No) 20B. IF YES. WERE	FINDINGS CONSIDERED
TIF	0		WAS PERFORMED		No	IN CERTIFYING CA	USES OF DEATH?
AL	21A. ACCIDEL OR CONTRIBU DEATH (notify	NT WAS UND JTING CAU medicol exom	ERLYING SE OF	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21C. WHERE DID	(If in Boltimore	e City, give exoct locotion)
	21 D. TIME OF INJURY (APPROX.)	(Month) (Do	y) (Yeor) (Hour	21 E. INJURY OCCURRED While At At Work At Work		NJURY OCCUR?	
			s hospital) atten- e deceosed olive	ded the deceased fram	August 28	19 67 ta At	igust 28, 19 67
	and haur and	d from the co	uses stated aba	ve. (1) (We) (did) (did nat)	view the bady after death	1.	
	23A. SIGNATU	JRE	1.11/4				23B. DATE SIGNED
		h	1/1/11/11	M.D. Att	lending Med.	Stoff Phys.	8/28/67
	23C. PHYSICIA NAME IT	ins pel Vic	tor	M.D.	23D. ADDRESS		alto., Md. #21217
24A	BURIAL CRE REMOVAL (Burial	Specify)	-31-67	Arbutus Memoria	EMATORY 24D.		ty, town, or county) Stotel
25A	A. DATE REC'D			AME OF REGISTRAR	25C. FUNERAL DIRECT	OR .	ADDRESS
		AUG 31	1967 R.D.	at & salverta	Charles R.	Law 802 Mad	lison Ave.
VS	150-REV. 1/1/	110 -	NEAC NEW	C. J. C.	1000	2	



			BALTIMORE CITY	HEALTH DEPARTMENT		OF 0004
BIRTH NO.	6	7 836	4 CERTIFICA	TE OF DEATH	Registered Na	67 8364
NAME OF D					AND HOUR OF DEATH	1
Type or Print)	MAYO, MARY	Lewis		AUG	GUST 29, 19	67 7:45 P
PLACE OF E	DEATH IN BALTIMORE,			4. USUAL RESIDENCE (institution: residence before admission
FULL NAME	OF Uf not in hospi	tol or institution,	ave steel	MARYLAND 2	1229	
HOSPITAL O	R oddress or loca	otion)	give sireer	C. CITY OR TOWN	f outside city limits, write	RURAL and give towpetite)
				BALTIMORE		28-04
_	AND WILKEN		ES	D. STREET ADDRESS	(If rurol, give location)	
	ORE, MD. 2			102 WEST	OWNE ROAD	
. S EX	6. RACE	WIDOWE	D. DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Doys Hours Min.
FEMALE			RRIED	11-25-02	64	
	of working life, even il retire		F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12, CITIZEN OF WHAT COUNTRY?
HOUSE	VIFE	NONE		NORTH CARO	DLINA	USA
3. FATHER'S N	AME			14. MOTHER'S MAIDEN	NAME	
HARDY	LEWIS			VIRGINIA	(GIBBS) LE	WIS
5. Was Deceos	ed Ever in U. S. Armed	Forces?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NO	, , , , , ,		237 28 8563	HOSPITAL	FCODOS - ST	. AGNES HOSPITAL
18.	OVI		CAUSE O		KECUNDS - ST	INTERVAL BETWEEN
DISE	ASE OR CONDITION	DIRECTLY	\sim			ONSET AND DEATH
	LEADING TO DEA		(A) / K	Treardial -	whiching	
	s not mean the mode re, asthenio, etc. It med		DUE TO)		
	omplication which cou-		(1)	Jueurdiat .	has so Jus	
	ANTECEDENT CAU	SES	DUE TO	anero,	recop.	
	OR CONDITIONS,					
	the above couse (NG CONDITION last.	A) siding ine	(C)	***************************************		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	11					
	DEATH BUT NOT R					
DISEASE C	OR CONDITION CAUSIN	G IT.		100		
Ma		PERFORMED	WHICH OPERATION	20A. AUTOPSY? (Yes o	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
21A. ACCII	DENT WAS UNDERLYING	3	B. PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DI	D (If in Boltime	ore City, give exact location)
OR CONTR	DENT WAS UNDERLYING IBUTING CAUSE OF tify medical examined	hor	ne, form, foctory, street, o	fice bldg., INJURY OCCUP	??	ory, give exoct locoxon
21 D. TIME	(Month) (Doy) (Ye			235 412 412		
S OF INJURY			INJURY OCCURRED		INJURY OCCUR?	
(APPROX.)		We	ork L At Work			
	ify that (X(this haspi			JGUST 18,		GUST 29, 1967
that XI) (w	ve) last saw the dece	ased alive an.	AUGUST 29,	19 67 and	that in (XX) (aur) ap	olnian death accurred an the da
and haur	and from the causes :	stated above.	XXXXX (bib) (aw) X	riew the bady after dea	th.	
23A. SIGNA		. /	//			23B. DATE SIGNED
	(/ south	not	M.D. Atte	ending Med.	Stoff Phy s	8/30/67
23 C. PHYSIC	CIANS			23 D. ADDRESS		
NAME	· V-		M.D.	CT ACUEC		0.,MD. 21229
24A. BURIAL C	ROLYN PASS	24C. N	AME of CEMETERY of CRI	ST AGNES	LOCATION	City, town, or county) WILKEN
REMOVA	L (Specify)					
Burial	971 P 1 1967	/67 Ba	ltimore Nat	onal Ceme	Baltimore	Maryland
SE	P I 1967 A	0 60	FallerMA		NDER & SON	
VS 150-RE∨. 1/	90	CAN CI	AETHOROUPE)	DALPINO	RE MARYLAND	21213
. 5 150-RE V. 1/	44					

B: 15: ,:/'11'-Thick Smear , 37 oc N 34 24-34-17 UNIONAL NATIONAL SECTION will (state) while CHAPP Value

IMPORTANT

DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT

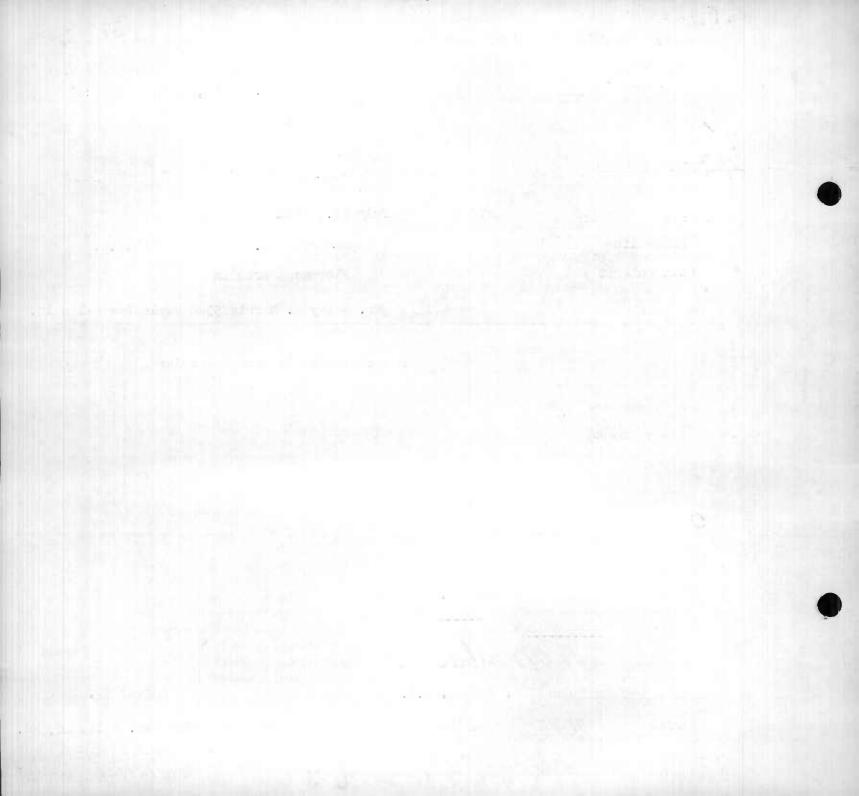
RAY KISER

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WINDSOR MURSINGHOME MALE White SEPT Smiller 76 year

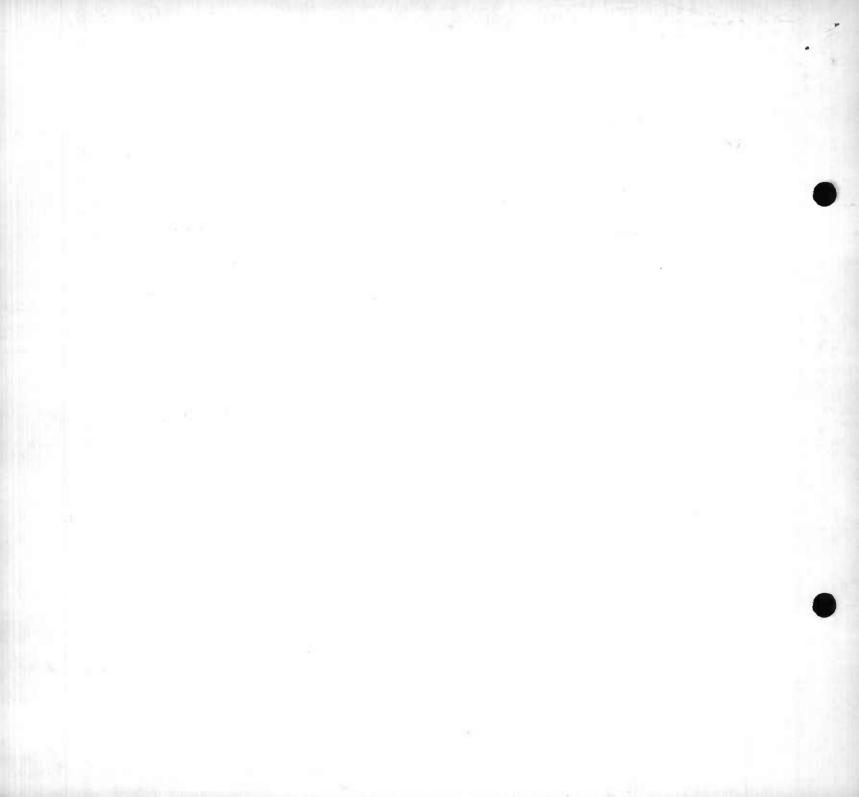
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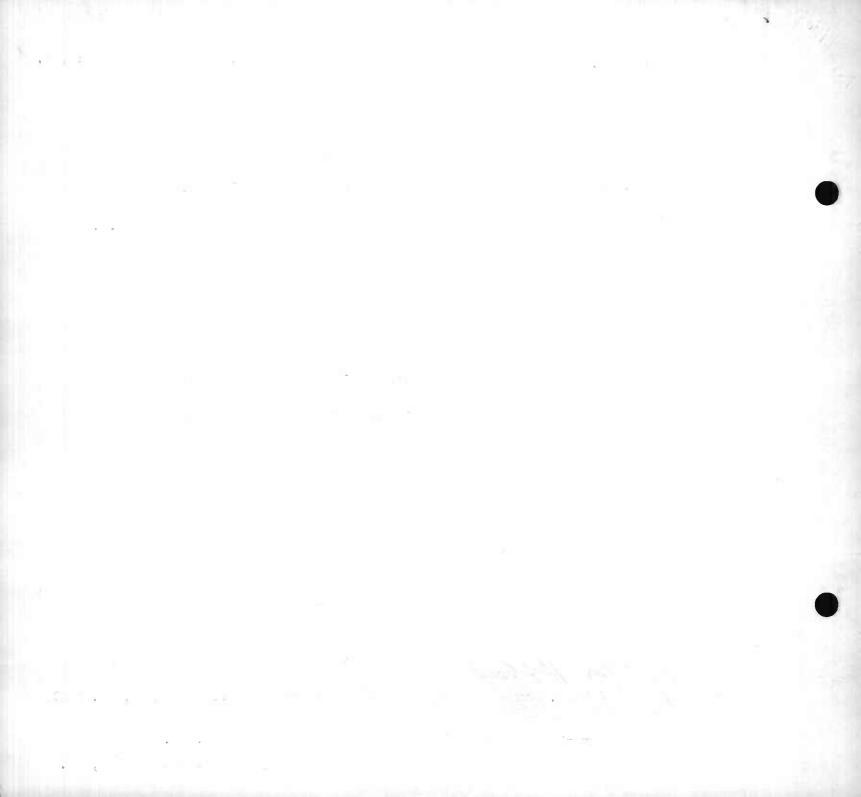


FUNERAL DIRECTOR: IMPORTANT

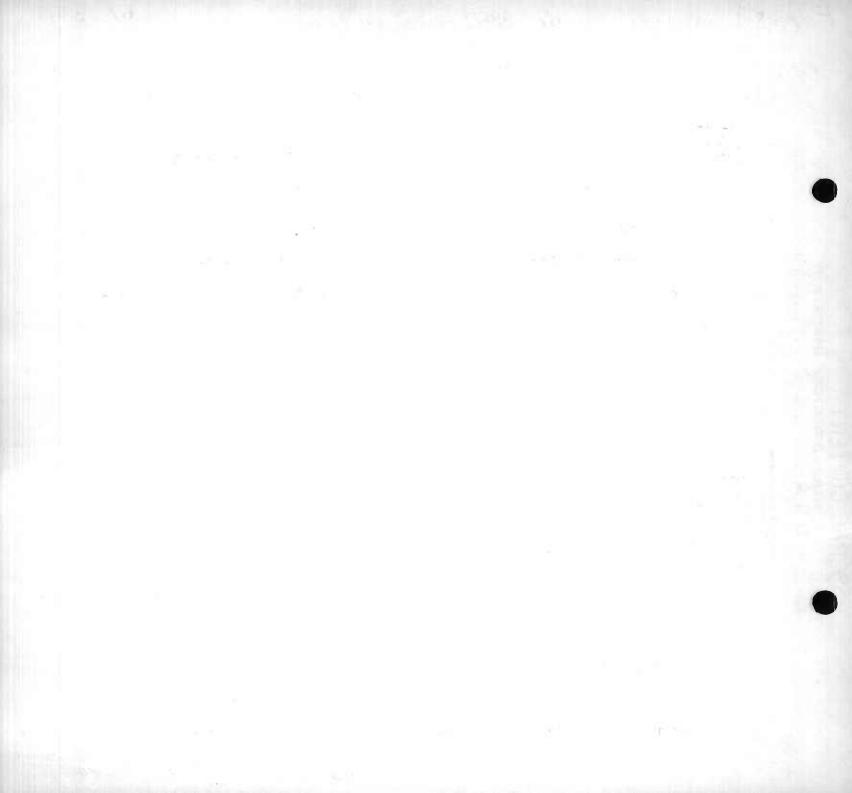
1	67 8	BALTIMORE CITY	HEALTH DEPARTMENT		S'7 020m
4	RTHUNO.	CERTIFICA	TE OF DEATH	Registered Na.	0001
- 1	LE CASE NO. NAME OF DECEASED	- 01	2. DATE AN	D HOUR OF DEATH	30
110	ype or Print! / 3 arbora	S. Hold	man alegy	est 27,190	6714 - AM
3	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When	deceased lived. Il insti	itution: residence before admission)
			Marion	D	
	FULL NAME OF (If not in hospital or institut HOSPITAL OR oddress or location)	ion, give street	C. CITY OR TOWN (If out	side city limits, write RU	RAL and give township
	Institution Woodsont	per al	Dalteme	re	27-20
1	6518 Parks Heeslat	E COMONIA	D. STREET ADDRESS) UIT	ural give location)	2 1 1 1
	o I Vala Magui	ke arance	631 Vack	Helegala W.	ne-apt H
5		RIED, NEVER MARRIED OWED, DIVORCED (specify)		ost birthdow	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
	emale white h	Laow	Dec 13, 1890	76	
1	A, USUAL OCCUPATION (Give kind of work 10 B, KINI one during most of working life, even if retired)	O OF BUSINESS OR INDUSTRY	11. BIRTHALACE (Stote or foreign	gn country)	12. CITIZEN OF WHAY COUNTRY?
	Housewife 102	Done	Dalten	ore, md	USA.
1	FATHER'S NAME		14. MOTHER'S MAIDEN NAN	AE .	.0 //
	norus Sonne		Lesh Ke	ellner	
	. Wos Deceased Ever in U. S. Armed Forces?	16. SOCIAL	17. INFORMANT	Λ.	ADDRESS
(es, no os ynknown) (If yes, give wor or dotes of servi	SECURITY NO.	Hot Willows	Doldmin.	-1026 Woodlaw
1	18. 4 2 0 / 1	UNLNOWN	E DE TH	or winer	Macs-Habenston
	1 x 0 1 / 1	CAUSE O	PUEATH		ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	7	1, mal	e l	1 hores
	(This does not mean the made of dying,		ago James		
	heort failure, asthenia, etc. It means the dise injury or camplication which caused death.)	056,	lupar	lun	
	ANTECEDENT CAUSES	(B)	A		
	DISEASES OR CONDITIONS, if ony, gi		Allurile	ruc CUD	10 years
1	rise to the obove cause (A) stating UNDERLYING CONDITION last.	The (C)			
	OTHER SIGNIFICANT CONDITIONS CONTRIBU				
	TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE	The State of the S		
	19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIR	NDINGS CONSIDERED
ш	Q				
ш	D 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of	fice bldg., INJURY OCCUR?	(II in Boltimore (City, give exact location)
H		etc.)			
13	21D. TIME (Month) (Doy) (Yeor) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJ	JRY OCCUR?	
	(APPROX)	While At Not While Work At Work			
	22. I certify that (1) (this hospital) attend	ed the deceased from	Me 10 1	947 10 Q	27 19 67.
	that (I) (we) last saw the deceased alive	an Ceny 27	19.6.2 and the	of in (my) (aur) apini	on death occurred on the date
	and have and from the causes, stated above	* //		, , , , , , , , , , , , , , , , , , , ,	
Н	23 SIGNATURE	1 7 1	Tow the budy diter doors.		23B. DATE SIGNED /
	Howard Wall	luxleur.D. Atte	ending Med.	Stolf	0/28/07
	73 PHYSICIAN'S	Phy	23D. ADDRESS	Phys.	/
	CHON ARO WA	(CRNSTEIN M.D.	048 W	36 H	BALTO Mr
1		C. NAME OF CEMETERY OF CRE	MATORY 124D 16	CATION (C'	town or country (Co.)
	REMOVAL (Specify)	C. TO THE OF CENTERERY OF CRE	240. 1	CATION (City,	town, or county) (Stote)
	Bural aug 29/67	vatural	recorded 1	Jactimo	re, ma.
1	SEP 1 1967 (258. NA)	A E Falleyman	25C. FUNERAL DIRECTOR	1	ADDRESS 6910
		7 C. ACCIDECTE AND	De Allens	ON a DRD.	5. Inc. Kerst, le
V	150-REV. 1/1/65	50	000		



c. city or t Caton D. STREET AL	B. COUNTY And OWN (If outside city limits, writ SVILE DORESS (If rurol, give locotion) Rockwell Avenue IRTH 9. AGE (In years	f institution: residence before odmissi Balla Co, te RURAL ond give township) 3 3 - 00
ARRIED B. DATE OF BI DOR INDUSTRY 11. BIRTHPLACE	B. COUNTY And TOWN (If outside city limits, with SVILLE DORESS (If rurol, give locotion) Rockwell Avenue IRTH 9, AGE (In years	te RURAL ond give township)
Caton D. STREET AE 1916 ARRIED ED (specify) B. DATE OF BI 1-2-188 OR INDUSTRY 11. BIRTHPLACE	Rockwell Avenue	53-00
ARRIED B. DATE OF BI 1-2-188 OR INDUSTRY 11. BIRTHPLACE	IRTH 9. AGE (In years	If Under 1 Ye If Under 24
OR INDUSTRY 11. BIRTHPLACE	8 lost birthdoy)	
	_	Months Doys Hours Min
		12. CITIZEN OF WHAT COUNTRY? U.S.A.
14. MOTHER'S	MAIDEN NAME	0,0,0
IL 17. INFORMAN	NT	ADDRESS
CAUSE OF DEATH ArterioScler	rotic Cardio Vascu	INTERVAL BETWEEN ONSET AND DEATH
	rculatory collasp	e
of Lungs	Infarction & Ene	ma
ERATION 20 A. AUTO		RE FINDINGS CONSIDERED CAUSES OF DEATH?
: INJURY (e.g., in or obout 21C. ictory, street, office bldg., INJU	WHERE DID (If in Boltim	more City, give exact location)
Not White	HOW DID INJURY OCCUR?	
	19 63 to	7/30 19 67
7/30 19 67	and that in(my) (aur) o	apinian death accurred an the
M.D. Attending Phys.	Med. Stoff Phys.	7/31/67
a medi	imondson Ave., Bal	timore, Md. 21218
METERY OF CREMATORY	24D. LOCATION	(City, town, or county) (Stat
ral Cemetery	Baltimore, Me	d.
	CAUSE OF DEATH Arterio Scler DUE TO Disease C Ci (B) DUE TO (C) Hypertensive of Lungs ERATION EINJURY (e.g., in or obout 21C, ctory, street, office bldg., INJU CCCURRED Not White At Work Attending Phys. 23D. ADDRESS M.D. Attending Phys. 23D. ADDRESS M.D. Ed	CAUSE OF DEATH Arterio Sclerotic Cardio Vascul DUE TO Bisease C Circulatory collasp DUE TO (C) Hypertensive Infarction & Ede of Lungs ERATION 20A. AUTOPSY? (Yes or No) IN CERTIFYING (If in Boltin ctory, street, office bldg., INJURY OCCUR? Not White At Work At Work Add from 1/1 19 63 to 19 67 and that in(my) (aur) of 19 68 and 19 68 and 19 69 and 19 67 and that in(my) (aur) of 19 68 and 19 69



BRITH NO. 8369 CERTIFICATE OF DEATH Registered No. 9 CALL CASE NO. NAME OF DECEARD THE ALL CASE NO. NAME OF THE NAM					2			
IN AMERICAN PROPERTY OF CONDITION DIRECTLY LEADING TO BETTH ADDRESS TO CONDITION DIRECTLY LEADING TO CONDITION SOLVE GARDESS, SUPPLY OF CONDITION SOLVE GA			67	0000	CERTIFIC	ATE OF DEATH	Registered No	0.
FULL NAME OF INDIVIDUAL OR ORDERS OF RESIDENCE OF STREET ADDRESS OF REAL ORDERS OF STREET ADDRESS OF S	I. NAME OF D	ECEASED	uno, =	I lem	11111	2. DATE	AND HOUR OF DEAT	
MOSTITUDO 3 JUMPS HOSPICAL OCCUPATION (IOVE SIND OF BUSINESS OR INDUSTRY DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mende of dying, e.g., input or complication which coused deshill ANTECEDENT CONDITION, and priving in serviced of the observation which coused deshill ANTECEDENT CONDITION (Society And String Condition) ANTECEDENT CONDITION (Society And Society And String Condition) ANTECEDENT CONDITION (Society And Society					disag	A. STATE B. CC	UNIT	
D. STREET ADDRESS O. RACE P. MARRIED, NEVER MARRIED S. DATE OF BIRTH P. ADT IN years Months Days North North No	INSTITUTION	R oddress	or location)	11	e street	C. CITY OF TOWN	outside city limits, write	e RURAL ond give towast
1. SEE 1. 1. 1. 1. 1. 1. 1.	0 4 1M	ms Hof	alter	nore	Md.	D. STREET ADDRESS	(If rurol, give location)	
IDAL USUAL OCCUPATION (Give kind of work) (Dit. RIND OF BUSINESS OR INDUSTRY 1). BIRTHPLACE (State or foreign country) Carpenter Vea. USA	S. SEX	6. RACE Cau		WIDOWED,	DIVORCED (specify)	8. DATE OF BIRTH		I D II A 1 V D II
3. PATHER'S NAME	done during most	of working life, even				TRY 11. BIRTHPLACE (State of	foreign country)	WHAT COUNTRY
S. Woo Decessed fow in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT Semme 18. SECURITY NO. 19. INFORMANT Semme 18. Semme	-	IAME				14. MOTHER'S MAIDEN		ULA
Teamily Same Same Security No. Family Same Security No. Family Same Security No. Family Same Security No. Same Security No. Same Security No. Same Security No. S	S. Wos Dacan	and Ever in II S	Armed Forces?	11	6. SOCIAL		Ambrosie	ADDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does nol meen the mode of dying, e.g., heart foliuse, ostherio, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving ities to the above couse (A) stoting the UNDERLYING CONDITION SCONTRIBUTING TO THE DEATH SUNDING CONDITION SCONTRIBUTING TO THE DEATH SUNDING CAUSEOF THE DISEASE OR CONDITION CAUSING IT OF THE DISEASE OR CONDITION FOR WHICH OPERATION 21.A. ACCIDENT WAS UNDERLYING DEATH INDIVIDED CAUSE OF THE OWNER OWNER OF THE OWNER OW	Yes, no et unkno	wn) (If yes, give v	wor or dotes ol	service)				
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (I'es or No) 20B. IF YES, WERE FINDINGS CONSIDERED 19A. ACCIDENT WAS UNDERLYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH? 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID 0R CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21F. HOW DID	rise la	the above ca	use (A) slo					
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21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (this hospital) ottended the deceased from 19 to 8/30 that (I) (we) lost saw the deceased alive an 19 7 and that Is (my) (our) opinian death occurred ond hour and fram the couses stated above. (I) (We) (did) (did nat) view the bady ofter death. 23A. SIGNATURE 23B. DATE SIGNED 23C. PHYSICIAN'S NAME (Type) Attending Phys. 23D. Address NAME (Type) 24D. LOCATION (City, lown, or county) Burial 24C. NAME of CEMETERY or CREMATORY Physian 24D. LOCATION (City, lown, or county) Baker Cem Jenkins	OTHER SIG	GNIFICANT CONE DEATH BUT I	DITIONS CON NOT RELATED AUSING IT.	ON FOR WH				
that (I) (we) lost saw the deceased alive an 830 1967 and that I (my) (our) opinion death occurred ond hour and fram the couses stated above. (I) We) (did) (did nat) view the bady ofter death. 23A. SIGNATURE Attending Med. Director Phys. 830/6 23C. PHYSICIAN'S NAME (Type) Attending Med. Director Phys. 830/6 23D. ADDRESS NAME (Type) Attending Med. Director Phys. 830/6 23D. ADDRESS NAME (Type) Attending Med. Director Phys. 830/6 23D. ADDRESS NAME (Type) Attending Med. Director Phys. 830/6 24D. LOCATION (City, lown, or county) REMOVAL (Specify) Burial Phys. 24D. LOCATION (City, lown, or county) Burial Director	OTHER SIGN TO THE DISEASE OF 19A. DATE	GNIFICANT CONE DEATH BUT IT OR CONDITION CO OF OPERATION DENT WAS UNDITION REUTING CAUS	DITIONS CON NOT RELATED AUSING IT. 119B. CONDITI WAS PERFOR/ ERLYING SE OF	ON FOR WH	HICH OPERATION	20 A. AUTOPSY? (Yes o	No) 20B. IF YES, WER IN CERTIFYING C	RE FINDINGS CONSIDERED CAUSES OF DEATH?
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24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, lown, or county) Burial 9/3/67 Baker Cem Jenkins	OTHER SIGN TO THE DISEASE OF TO THE DISEASE OF TO THE DISEASE OF T	GNIFICANT CONE DEATH BUT I DEATH BUT I DR CONDITION C OF OPERATION DENT WAS UND LIBUTING CAUS tify medicol exomi (Month) (Do ify that (1) (this we) lost saw the	DITIONS CON NOT RELATED AUSING IT. 198. CONDIT WAS PERFOR! ERLYING SE OF iner) (Yeor) (Heart of the service	ON FOR WHMED 21B, PI home, etc.) Hour) 21E, II While Work ttended the	AICH OPERATION LACE OF INJURY (e. form, foctory, street NJURY OCCURRED AI Not V deceosed from	20A. AUTOPSY? (Yes of the property of the prop	No) 20B, IF YES, WER IN CERTIFYING CO. (If in Bollim	RE FINDINGS CONSIDERED CAUSES OF DEATH? Note City, give exact locate
	OTHER SIGNATE OTHER	GNIFICANT CONE DEATH BUT IN OR CONDITION CO OF OPERATION DENT WAS UNDI ISBUTING CAUS tify medical exami (Month) (Do ify tha (I) this we) lost saw the and fram the co ATURE	DITIONS CON NOT RELATED AUSING IT. 198. CONDIT WAS PERFOR! ERLYING SE OF iner) (Yeor) (Heart of the service	ON FOR WHMED 21B, PI home, etc.) Hour) 21E, II While Work ttended the	HICH OPERATION LACE OF INJURY (e. form, foctory, street NJURY OCCURRED AI Not V deceosed from We) (did) (did not	20A. AUTOPSY? (Yes of order of the bidg., INJURY OCCUR 21F. HOW DID Yhile and a second of the bidy of the decorate of the bidy of the bidy of the decorate of the bidy o	INJURY OCCUR? 1 that Is (my) (our) outh.	RE FINDINGS CONSIDERE CAUSES OF DEATH?
	OTHER SIGNO THE DISEASE OF INJURY (APPROX.) 21 D. TIME OF INJURY (APPROX.) 22 L Cert that (I) (v and hour 23A. SIGNA 23C. PHYSIC NAMI	CIAN'S EREMATION, 24B. L (Specify)	DITIONS CON NOT RELATED AUSING IT. 198. CONDIT WAS PERFOR! ERLYING SE OF inet) (Yeor) (Heart of the deceased of the decease	ON FOR WHEED ON FOR WHEED 218, PI home, etc.) 216, II While Work Ittended the alive an obove. (I)	AICH OPERATION LACE OF INJURY (e. form, foctory, street) NJURY OCCURRED AI Not V AI W deceosed from We) (did) (did not) M.D.	20 A. AUTOPSY? (Yes or Note of the bldg., INJURY OCCUR 21 F. HOW DID While ork 21 F. HOW DID Vhile ork 21 F. HOW DID While ork 23 D. ADDRESS D. J.	INJURY OCCUR? In that is (my) (our) of the state of the	RE FINDINGS CONSIDERED CAUSES OF DEATH? Onore City, give exact locate 23B. DATE SIGNED (City, lown, or county)



VS 150-REV. 1/1/65

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a hospital

BIRTH NO.	67	837	7(1)	TE OF DEA		67 8370
M.E. CASE NO.	ED		021(11110)		ATE AND HOUR OF DEATH	1
(Type or Print)		ob a 1 dose				1:10 4
3. PLACE OF DEATH	ATY H. HOUS	RYLAND		4. USUAL RESIDENCE	E (Where deceased lived, If	967 ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '
FULL NAME OF HOSPITAL OR INSTITUTION	(If not in hospital oddress or locatio		give street	Md.	. COUNTY	RURAL and give township)
1143111011014	4505 01d	Fråderi	ck Rd.	Baltimor	'Α	25-04
00	Balto., M			D. STREET ADDRESS		1. 21229
5. SEX 6. R	ACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 H
Female	White	-	dowed	4/1/86	lost birthdoy)	Months Doys Hours Min.
			BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote	e or foreign country)	12. CITIZEN OF
done during most of worki						WHAT COUNTRY?
Housewi	lfe	Ret	ired	Maryland		USA
3. FATHER'S NAME				14. MOTHER'S MAID	EN NAME	
Clayton Ho	boo			Sarah	Foutz	
15. Was Deceased Eve	in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT	FOULZ	ADDRESS
(Yes, no or unknown) (If	yes, give wor or dote	s of service)	SECURITY NO.	Tournotto V	Cuo 11/ 001-1	Inc. 17411000 01000
No 18.			None CAUSE O		. Gue, 114 Oaki	lee Village 21229
heart failure, asthinjury ar complic ANT DISEASES OR rise to the a UNDERLYING CO	mean the made allenia, etc. It means alian which caused ECEDENT CAUSES CONDITIONS, illustrates (A) ONDITION last. II INT CONDITIONS CH BUT NOT RELAUTION CAUSING!	the disease, death.) any, giving stating the	(C)		nfaction acc	
19A, DATE OF OP		DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Ye	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTION DEATH (notify med			PLACE OF INJURY (e.g., i ne, form, foctory, street, o	n or obout 21 C. WHERE ffice bldg., INJURY OC	DID (If in Boltimo	re City, give exoct locotion)
OF INJURY (APPROX.)	onth) (Doy) (Year)		ile At Not While	е	DID INJURY OCCUR?	c/
22. I certify that	(I) (this hospital) attended t	he deceased fram	11/28	19 √ 0 to	8/29 1967
that (I) (we) las	t saw the decease	d alive an	8/1	19 67	and that In(my) (aut) ap	inian death accurred an the d
		,	l) (We) (did) (did nat)			
23A. SIGNATURE	- //	- do do	i) ("•) (did) (did ildi) (riew the bady differ		23B, DATE SIGNED
Test	us alla	el /2	M.D. Atte	ending Med.	Stoff Phys.	8/3//967
23C PRYSICIAN'S NAME Type	Des Tout	- A IV-		23 D. ADDRESS		1 1 1 1 1
AA BURIAL SERVICE	Dr. Leste				Paul St	
24A. BURIAL CREMAT REMOVAL (Speci	ION, 24B. DATE	24C. N.	AME of CEMETERY of CR	EMATORY	24D, LOCATION (C	City, town, or county) (State
Burial	9/1/67	Dr	uid Ridge Cem	etery	Baltimore	Mo
	HEALTH DEPT			25C. FUNERAL DI		ADDRESS

Howard H. Hubbard, 4107 Wilkens Ave. 21229



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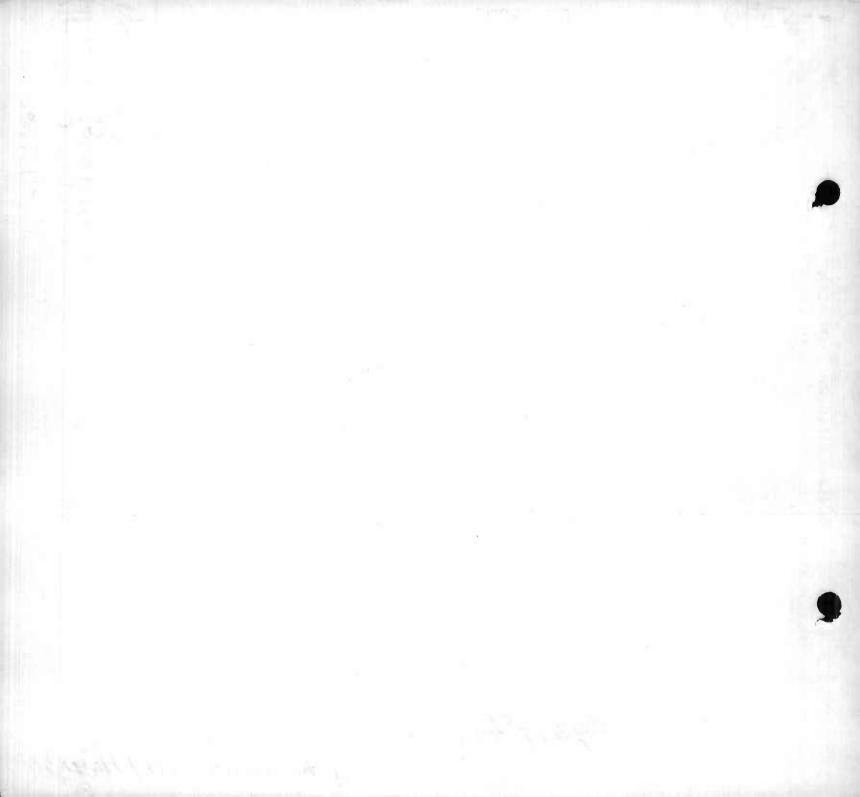
27	8372	
61.	0016	BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered NG7 8372

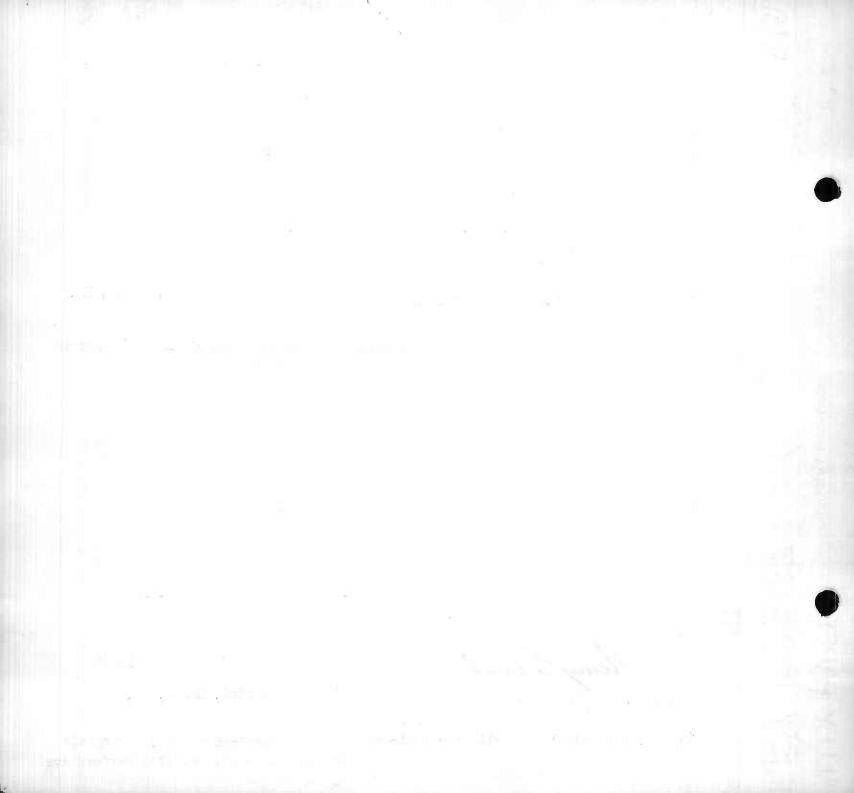
ivt.	E CASE NO.								
1. (Ty	REUBEN						D HOUR PRONOUNC		
_			RUBEN	CLOUD	He Herrer age		ust 30, 196		11:30 A.M.
3.	PLACE IN BALI	IMORE, MARYLANI	D, WHERE PRONO	UNCED DEAD	A. STATE		deceased lived. If ins	titution: resi UNTY	idence before odmission
FU	LL NAME OF	(IF NOT IN HO	SPITAL OR INSTIT	UTION, GIVE STREET	C. CITY OR TO		e corporate limits, writ	e RURAL o	and give township
IN:	TITUTION	ADDRESS ON L	.oon non					2	-56
1.	2. Sinai	Hospital			D. STREET AD	DRESS (If rurol,	give location)		
		. Hopzou				N. Bar			
5. 5	SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIE		9. AGE (In years	If Unde	er 1 Yr. If Under 24 Hrs
	Male	Negro	Widow	DIVORCED (specify)	7-8-190	8	last birthdoyl	Months	Doys Hours Min.
		PATION (Give kind o vorking life, even if reti		F BUSINESS OR INDUSTRY					AT COUNTRY?
	FATHER'S NAM				14. MOTHER'S	MAIDEN NAM	E		J. S. A.
	James C	loud				s Cland			
		D EVER IN U.S. AR		16, SO CIAL	17. INFORMANT			ADDRES	S
(Ye:		(If yes, give wor or	dotes of service)	SECURITY NO.	-				
H	No	7		235-05-2136		nes - 1	300 Division	1 St.	INTERVAL RETWEEN
	17	2 X I		CAUSE	OF DEATH				INTERVAL BETWEEN ONSET AND DEATH
	DISEAS	E OR CONDITION						11111	
	(This does n	ot meon the mod	e of dying, e.g.,				Hypertensive	<u> </u>	***************************************
	injury or con	osthenio, etc. It m nplication which cou	ised deoth.)	XXXXX Ca	ardiovasc	cular Dis	sease		
	A	NTECEDENT CA	HSES						
	DISEASES	OR CONDITIONS,	IF ANY, GIVING	(B) DUE TO			*****************************		
		E ABOVE CAUSE (A							
N				(C)	***************************************		***************************************		• • • • • • • • • • • • • • • • • • • •
Ĭ	OTHER SIGN		ONE CONTRIBUTE	N.O.				1 7 -1	
5	TO THE	DEATH BUT NOT	RELATED TO 1						
CERTIFICATION		OPERATION LINE		WHICH OPERATION	20A ALITOR	CV2 (Van as Na)	20B. IF YES, WERE F	NDNOC	CONCIDENCE
S			PERFORMED	WINCH OFERATION	No.		IN CERTIFYING CAU	SES OF D	EATH? No
AL	21 A. EXTERNAL		21 B.	PLACE OF INJURY (e.g.,	in or obout 21C.	WHERE DID	(If in Baltimore City, g	ive exact I	
EDICAL	UNDERLYING L	SE OF DEATH.	etc.)	e, form, foctory, street,	office bldg., INJU	RY OCCUR?			
Σ	21D TIME	(Month) (Doy)	(Year) (Hour) 2	TE. INJURY OCCURRED	21 F. I	ILNI DID WOH	JRY OCCUR?		
	(APPROX.)		\	WHILE AT NOT	WHILE				
	22.		m. \	WORK L AT W	ORK L				
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	result	red fram: Natura	I causes X	Accident Suicid	e 🗌 Hami	cide 🗌 🔝 🛚	Indetermined mann	er	
		Tilla	1 (CHIEF	MEDICAL EX	AMINER		DATE SIGNED
	SIGNATI		us h-	200C M.D.	ASSISTANT	MEDICAL EX	AMINER X		DATE SIGNED
	EXAMIN		ner U. Sp	1		MEDICAL EX			8/31/67
00.4	NAME (1	ype,							
	MOVAL (Specify		28	C. NAME OF CEMETERY	CREMATORY	23 D. L	OCATION (City	, town, or	county) (Stote)
	Burial	9-3		Talcock		Ta	lcock. W. V	a.	
24/	A. DATE REC'D	BY HEALTH DEPT.		OF REGISTRAR		RAL DIRECTOR		-	ADDRESS
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1/6	151-DEV 1/1/	1 120	111-6/20173		0 0	1 0 0			

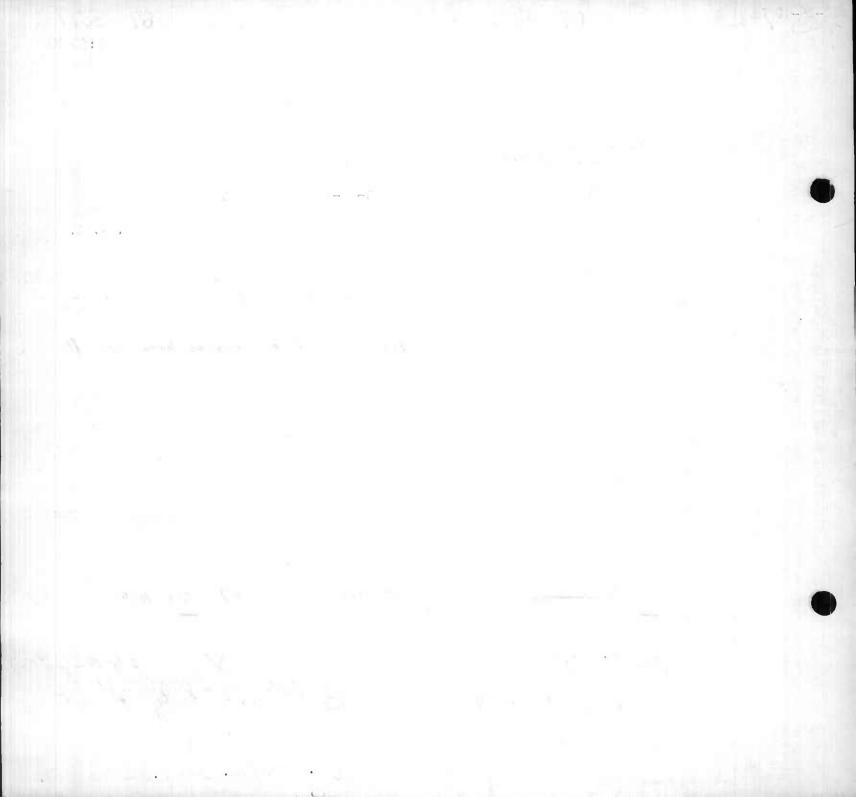
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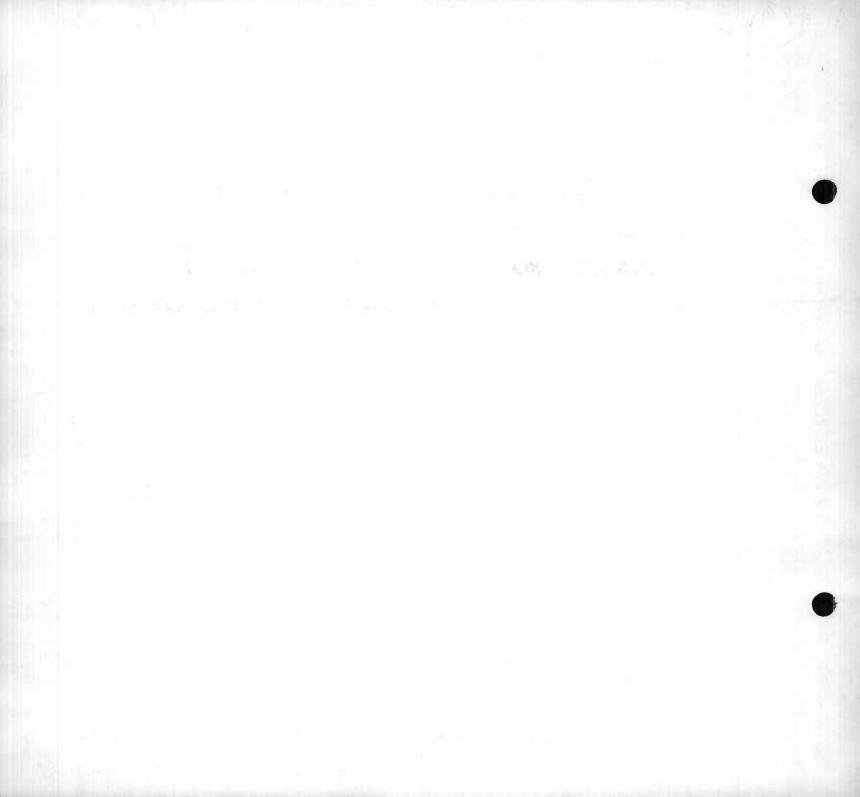


I, IV.	CASE NO.		67. 837	CERTIFICA			
(Тур	e or Print)		ha Levere	tt		g. 31, 1967	2:20 A M.
F	ULL NAME OF DE	OF (If not in hosp address or too	oitol or institution,	give Street	4. USUAL RESIDENCE () A. STATE 8. CO Md.	Where deceased lived. If in DUNTY	nstitution: residence before admission)
10	US Publ	ic Health S Jyman Park D		spital	Baltimo D. STREET ADDRESS 2535 Pa		rrace
5. SI	M	6. RACE	Marri		11/25/19	9. AGE (In years last birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
		working life, even if retir	ed)	gt. USA	11. BIRTHPLACE (State or Ala.	fareign country)	12. CITIZEN OF WHAT COUNTRY?
13. F	Tom	Leverett			14. MOTHER'S MAIDEN Queen Sande		
		d Ever in U. S. Armed n) (If yes, give war ar USA 194		16. SOCIAL SECURITY NO. 421-12-5931	17. INFORMANT Records- US	PHS Hospital	ADDRESS , Balto, Md.
	1B. 15/	SE OR CONDITION	DIRECTIV	CAUSE	PF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	heart foilure, injury or con DISEASES (rise to the	nal mean the made, asthenia, etc. It me mplication which cau ANTECEDENT CAU OR CONDITIONS, ne abave couse G CONDITION last.	eans the disease, used deoth.) USES if any, giving (A) stating the	(B)	inoma of stoma pread metastas	is	
NO		IIFICANT CONDITION DEATH BUT NOT I CONDITION CAUSIN	RELATED TO TH	31			
ERTIF	DISEASE OR	F OPERATION 198. (WAS	PERFORMED		У	es in certifing ca	
CALC	DISEASE OR 19A.DATE OF 21A. ACCIDE OR CONTRIBI DEATH (notify	F OPERATION 198. (WAS ENT WAS UNDERLYIN UTING CAUSE OF y medical examiner)	PERFORMED 218 han etc.	LPLACE OF INJURY (e.g., ine, farm, factory, street, o	in at about 21 C. WHERE DI Office bidg., INJURY OCCUI	(If in Baltimar	FINDINGS CONSIDERED LUSES OF DEATH? e City, give exact tacañan)
MEDICAL C	DISEASE OR 19A. DATE OF 21A. ACCIDE OR CONTRIBI DEATH (notify 21D. TIME OF INJURY	F OPERATION 198. (WAS ENT WAS UNDERLYIN UTING CAUSE OF y medical examine) (Month) (Day) (Y	PERFORMED 218 hon etc. earl (Hourl 218 Wh	L PLACE OF INJURY (e.g., in the form, foctory, street, on the foctory). INJURY OCCURRED with the foctory in th	in or obout 21 C. WHERE DI (fice bidg., INJURY OCCUI	O (If in Baltimar	e City, give exact tacation)
MEDICAL C	DISEASE OR 19A. DATE OF 21A. ACCIDE OR CONTRIBI DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (I)/(we) and haur an	F OPERATION 198. (WAS ENT WAS UNDERLYIN UTING CAUSE OF y medical examine) (Manth) (Day) (Y. y that (I) (this hasp) lost saw the dece	PERFORMED 218 han etc. ear) (Hour) 21E Wh was pital) attended t	LPLACE OF INJURY (e.g., ine, form, foctory, street, on the street,	in or obout 21 C. WHERE DI (fice bidg., INJURY OCCUI	INJURY OCCUR? 19 67 ta Aug	e City, give exact lacation) 19 67 Inian death occurred on the date
MEDICAL C	DISEASE OR 19A. DATE OF 21A. ACCIDE OR CONTRIBI DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (I)/(we) and haur an 23A. SIGNATU 23C. PHYSICIA NAME (1)	F OPERATION 198. (WAS ENT WAS UNDERLYIN UTING CAUSE OF y medical examiner) (Month) (Day) (You y that (I) (this hasp) lost saw the dece	PERFORMED 1 21 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	LPLACE OF INJURY (e.g., ine, form, foctory, street, on a	in at about 21 C. WHERE DI (ffice bidg., INJURY OCCUI) 21 F. HOW DID AUG . 15 19 67 and of the body of the decorporation Med. Director [23 D. ADDRESS]	INJURY OCCUR? INJURY OCCUR? Aug that in (my) (our) api	inian death occurred on the dote 8/31/67
MEDICAL C	DISEASE OR 19A. DATE OF 21A. ACCIDE OR CONTRIBI DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (I)/(we) and haur an 23A. SIGNATU 23C. PHYSICIA NAME (I) HENTY	F OPERATION 198. (WAS ENT WAS UNDERLYIN UTING CAUSE OF y medical examiner) (Month) (Day) (You y that (I) (this hasp) lost saw the dece	PERFORMED 1G 218 hon etc. eor) (Hour) 21E Who wo would be deserted alive on stoted obove. (SA Surg	L PLACE OF INJURY (e.g., ine, form, foctory, street, one) I INJURY OCCURRED All Not White At Work he deceosed from	Aug . 15 19 67 and wiew the body ofter december 23D. Address US PHS Howella 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	INJURY OCCUR? 1967 to Aug that in (my) (our) api th. Staff Phys. X Despital, Balto	inian death occurred on the dote 8/31/67
WEDICAL C	21A. ACCIDE OR CONTRIBUTION OF INJURY (APPROX.) 22. I certify that (I)/(we) and haur an 23A. SIGNATU 23C. PHYSICIA NAME (Henry Burial Cre REMOVAL (Tial Tr	F OPERATION 198. (WAS ENT WAS UNDERLYIN UTING CAUSE OF y medical examine) (Manth) (Day) (Y. y that (I) (this hosp) lost saw the dece and fram the couses URE AN'S Type) S. Crist,	PERFORMED 16 218 hon etc. earl (Hour) 21E Wt was a stated obove. (SA Surg 24C.N 258. NAME (LPLACE OF INJURY (e.g., ine, form, foctory, street, on the form) INJURY OCCURRED Alig Al Not Whith the deceased from the deceased from the form t	in or obout 21C. WHERE DI (fice bidg., INJURY OCCUI) 21F. HOW DID AUG . 15 19 67 and wiew the body ofter decending Med. Director [23D. ADDRESS] US PHS Ho EMATORY 241 21 25C. FUNERAL DIRECTOR [24]	INJURY OCCUR? INJURY OCCUR? Injury occur? Aug that in(my) (our) api th. Staff. K Phys. K Ospital, Balta O. LOCATION (C	ity, town, or county) e City, give exact tacation) 19 67 19 67 238. DATE SIGNED 8/31/67 Md. (State)





	BALTIMORE CITY	Y HEALTH DEPARTMENT		OF COM
BIRTH NO. 67 837	8 CERTIFICA	TE OF DEATH	Registered No.	67, 8378
M.E. CASE NO.	o centrito,			
1. NAME OF DECEASED			D HOUR OF DEATH	
TOSEPHINE P. H	19LIDRE	4. USUAL RESIDENCE (When	30-67	8:15 aN
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When	re deceased lived. If in	stitution: residence before admission)
				n 16 10
FULL NAME OF (If not in hospital or instit	ution, give street	C. CITY OR TOWN (If out	<i>D</i>	Davis, Co.
INSTITUTION				
SINAI HOSP. of B	astimore	D. STREET ADDRESS (IF	7	33-00
1/2				
40		3200 ESSE	x Rd. #7	
SEX 6. RACE WHITE . MA	RRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. , If Under 24 Hrs.
		8-13-1888	70	Months Doys Hours Min.
0A. USUAL OCCUPATION (Give Wind of work 10 B, KII	NO OF RUSINESS OR INDUSTRI	11. BIRTHPLACE (Stote or forei	on country)	12, CITIZEN OF
lone during most of working life, even if retired)		The Bikitti and Explose of Total	gii coomiyi	WHAT COUNTRY?
HOUSE WIFE H	OME	ITALY		C
3. FATHER'S NAME		14. MOTHERS MAIDEN NA	ME A	
Anuella no		M		
S. Was Deceased Eyer in U. S. Armed Forces?	LASTRO	MARYJAN	E	
5. Was Deceased Ever in U. S. Amned Forces? Yes, no or unknown) (If yes, give war or dotes of se	vice) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No		A MISS IENN	IF-12 NIKE	5-3200 ESSEX RI
18.		DE DEATH	IL NAINE	INTERVAL BETWEEN
00110	CAUSE	DEATH		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH				10 00
	(A)	HEPATIC GOI	Kh	- aug
(This does not mean the made of dying, heart failure, asthenia, etc. It means the dis				
injury at camplication which caused death.)		1		
ANTECEDENT CAUSES	(B)	-1001c fail	CA FC	1 auck
DISEASES OR CONDITIONS, if ony,	nivina	thosis Li		1-2 415
rise to the above cause (A) stating	The (C) C/	rthosis Li	ver	1-2 415
UNDERLYING CONDITION Iosi.				
OTHER SIGNIFICANT CONDITIONS CONTRIE	UTING			
OTHER SIGNIFICANT CONDITIONS CONTRICT TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	O THE ASCUD	; Chr. CH.	F,	
	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No		FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED			IN CERTIFYING CA	USES OF DEATH?
U 21 A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID	(If in Boltimore	City, give exact location)
OR CONTRIBUTING CAUSE OF	home, form, foctory, street,			
U	etc.)			
OF INJURY (Month) (Doy) (Year) (Hour	21E. INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
(APPROX)	While At Not Whi	le		
	Work At Work			
22. I certify that (I) (this hospital) atten				30 1967
that (1) (we) last sow the deceased alive	on 6 - 30	19.67 ond th	ot in (my) (our) opi	nion deoth occurred an the dot
and haur and fram the causes stated abo				
23A SIGNATURE ()				23B, DATE SIGNED
6 x. to C.	Rucces M.D. Att	tending Med	Stoff	
	Ph.	rending Med. Director	Stoff Phys.	8-30-67
23C. PHYSICIAN'S		23 D. ADDRESS		
NAME (Type)	M.D.	Sing H .	P.O 1	3 and used.
4A. BURIAL CREMATION, 24B. DATE	M.D.	- we low	ital 0	THE . WILL
AA. BURIAL CREMATION, REMOVAL (Specify)	4C. NAME OF CEMETERY OF CR	Z4D L	CATION (C)	ty, town, or county) (Stote)
Barrel 9-2-67	HOLY REDE	EMER-CE 44	+ 30 13 ELA	IR RD. BAL, MD.
25A. DATE REC'D BY HEALTH DEPT. 258. N.	AME OF REGISTRAR	25C-HUNERAL DIRECTOR		ADDRESS
SEP 1 1967 17.0	AME OF REGISTRAR	9 8 3 1001	Dalings 7	22 S. HIGH. ST.
100	14.4	munic De	carmer s	ILAILIGH. SI.
15 150-BEV 1/1/65				



IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

If Under 24 His.

(State)

Hours

and the second s Market and the second s the state of the s

UNDERLYING CONDITION LAST.

21 A. EXTERNAL CAUSE WAS

UTING CAUSE OF DEATH.

(Month)

8

Burial

24A, DATE REC'D BY HEALTH DEPT.

I certify that I held on

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT,

30

23B. DATE

9-5-67

resulted from: Notural couses

19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION

WAS PERFORMED

Inquiry

O

CERTI

MEDI

21D TIME

(APPROX.)

ACTUAL

23A. BURIAL CREMATION,

REMOVAL (Specify)

VS 151-REV. 1/1/65

SIGNATURE

EXAMINER'S NAME (Type)

22

BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. BIRTH NO. M.F. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD (Type or Print) RUFFIN Jr. LANCE August 30, 1967

4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission)

B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD Maryland (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET FULL NAME OF C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) HOSPITAL OR ADDRESS OR LOCATION INSTITUTION Baltimore D. STREET ADDRESS (If rurol, give location) 3808 Towanda Ave. D.O.A. 3808 Towanda Ave. 6. RACE 7. MARRIED, NEVER MARRIED 9. AGE (In years lost birthdoy) If Under 1 Yr. If Under 24 Hrs. WIDO WED, DIVORCED (specify) Months, Doys, Hours, Min. DIVORCED 9-24-1922 Colored 44 Male 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY) 1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Petersburg, Virginia 13. FATHER'S NAME LANCE RUFFIN, SR. BESSIE RUFFIN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 16. SO CIAL 17. INFORMANT (Yes, no or unknown), (If yes, give wor or dotes of service) SECURITY NO. Mrs. Ada R. White 3808 Towanda Ave. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Gunshot wound of chest (This does not meen the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE

21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, sheet, olfice bidg., INJURY OCCUR?

NOT WHILE X

Autopsy X

Suicide

Arbutus Memorial Pk.

23C. NAME OF CEMETERY OF CREMATORY

Home

21E. INJURY OCCURRED

Inspection

WHILE AT

Accident

Russell S. Fisher, M.D.

24B, NAME OF REGISTRAR

. WORK

20A, AUTOPSY? (Yes or No.) 20B, IF YES, WERE FINDINGS CONSIDERED

ond that on this bosis, death In my opinion

3808 Towanda Ave.

23D. LOCATION

Baltimore,

21F. HOW DID INJURY OCCUR?

CHIEF MEDICAL EXAMINER X

YES

Homicide X

M.D. ASSISTANT MEDICAL EXAMINER

24C. FUNERAL DIRECTOR

ASSOCIATE MEDICAL EXAMINER

IN CERTIFYING CAUSES OF DEATH?

(If in Boltimore City, give exoct location)

DATE SIGNED

August 30, 1967

Maryland

ADDRESS

(City, town, or county)

MORTON & DYETT F.H. 1701 Laurens St.

Subject was shot in chest

Undetermined manner

•== \ AND THE STATE OF T

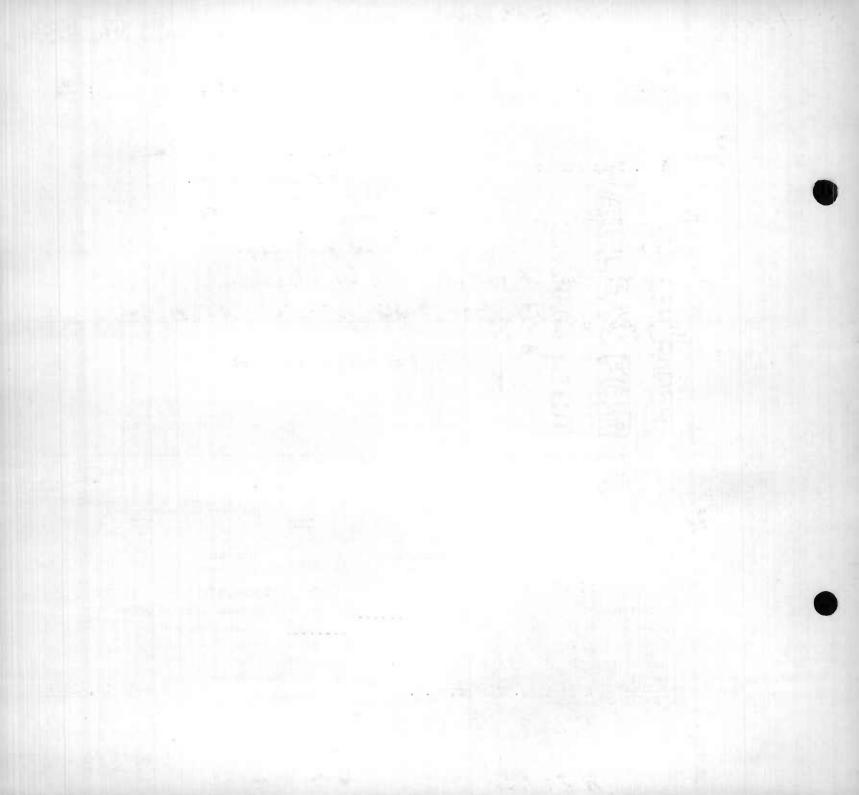
IMPORTANI

DIRECTOR:

FUNERAL

E.H

BIRT	H NO.	MED	ICAL EXAMINER 5 C	ERTIFICAT	E OF D	EAIH Regist	ered Na.		
	CASE NO.	A							
1. N (Typ	e or Print)	EASED Char	lie		2. DATE AND	HOUR PRONOUN	CED DEAD		
	CHARI	LES WHEELER				st 27, 196		28 p M.	
3. P	LACE IN BALT	IMORE, MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDE	NCE(Where de	ceosed lived, if in B. CO	stitution: residence be UNTY	fore odmission)	
HO!	L NAME OF	(IF NOT IN HOSPITA	AL OR INSTITUTION, GIVE STREET		laryland 'N (If outside o	corporate limits, wri	RURAL and give t	lownship)	
01)			Baltim D. STREET ADDRI		va lacation)			
	426]	E. 21st Stree	t	0.00					
5. SI	EX	6. RACE	7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH	Brentwo	9. AGE (In years	If Under 1 Yr. If	Under 24 Hrs.	
			WIDOWED, DIVORCED (specify)	0 11	0 1:	lost birthdoy	Months Doys	Hours Min.	
	Male	Colored	married	South	iarden	51		i	
		JPATION (Give kind of worl vgrking life, even if retired)	TOR KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHALACE (S	Stote or foreign	country)	12. CITIZEN OF WHAT COUN	ITRY?	
	Las	Spo	Conduction	I wil	the Car	iden.	1/N.	1	
13. F	ATHERS NAM	NE .	01/1/1	14. MOTHER'S TA	IDEN NAME				
	2 mm	mermy	I heele	Lyn	lama	MAN	1.2-1.7		
15. V	VAS DECEASE	D EVER IN U.S. ARMED	FORCES? 16. SOCIAL S of service) SECURITY NO.	17. INFORM ANT		1 - 1	ADDRESS	4-	
6	Hes.	arms &	1696 2 943-78-651	86 111	6 Wick	Who all	12451 1	Prentulin	
	B a	631	CAUS	E OF DEATH	MENGU			AL BETWEEN CA	
	DISEAS	XI SE OR CONDITION DI	DECTI V				ONSET	AND DEATH	
	DISEA	SE OR CONDITION DI LEADING TO DEATH	KECILI Stah	wound of	the ches	+			
	LEADING TO DEATH (This does not meen the mode of dying e.g., hoof follure, osthenio, etc. If meens the disease, injury or complication which coused death.) (A) Stab wound of the chest DUE TO								
	,	NTECEDENT CALLSE	•						
	DISEASES RISE TO TH	INTECEDENT CAUSE OR CONDITIONS, IF A E ABOVE CAUSE (A) S' NG CONDITION LAST,	NY, GIVING (B)						
Z			(C)						
H		II							
CERTIFICATION	TO THE	NIFICANT CONDITIONS DEATH BUT NOT RE R CONDITION CAUSING	LATED TO THE	**-***************************				100 to the control of	
ERT	19A. DATE OF	OPERATION 198, CON	IDITION FOR WHICH OPERATION	20 A. AUTOPSY?			FINDINGS CONSIDER	RED	
O	2	WAS PER	FORMED	v	ES	CERTIFYING CAL	YES		
3		L CAUSE WAS	21B, PLACE OF INJURY (e.g., home, lorm, foctory, street,	in or obout 21 C. W	HERE DID (If	in Boltimore City,			
EDIC	UTING CAU	SE OF DEATH.	etc.) Unknown	omee brog., III OKI		notin	000	00	
	21D TIME	(Month) (Doy) (Yeo		21F. HO	W DID INJUR	COCUR?	120-	0.0	
	OF INJURY (APPROX.)			WHILE					
	22.	8 27 67	: m. WORK L AT V	VORK Su	bject wa	as stabbed	in chest		
		tify that I held an I	nquiry Inspection Au	itapsyXX and	that an this	basis, death in	my apinlan		
	resul	ted fram: Natural ca	uses Accident Suicio	de Hamicid	le X Un	determined man	ner 🗌		
1		CHIEF MEDICAL EXAMINER X							
	ACTUAL		Value-	ASSISTANT ME			DATI	E SIGNED	
	SIGNAT		M. D	ASSOCIATE ME					
	NAME (1 S. Fisher, M.D.	ASSOCIATE ME	LDICAL LAA		August 28,	1967	
	BURIAL CRE	MATION, 23B. DATE	23C. NAME OF CEMETERY	or CREMATORY	23D. LOC		ly, town, or county)	(Stote)	
REA	(Specify		12 13,040	To	7 2	.1. /	1. 1	nen	
24A		BY HEALTH DEPT.	24B, NAME OF REGISTRAR	24C, FUNERA	L DIRECTOR	earch	W ADDRESS	actor	
1	. JANE REE D	* 4.	The state of Recognition	()	1	10	00	110	
		SEP 1 1967	A B. B E Stanberge	Toubl	m 7+6	andle	529.61	vortheh	
VS	151-REV. 1/1/	65 N 8 7	(2)	0 1	6			1	



IMPORTANT

DIRECTOR:

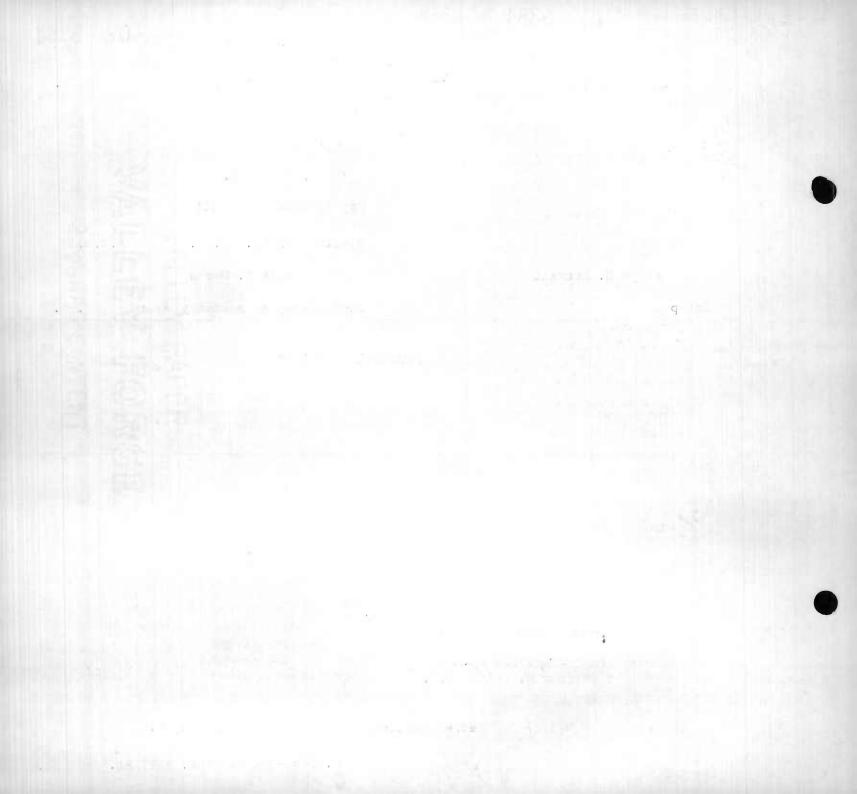
FUNERAL



L500

67. 8384 BALTIMORE CITY HEALTH DEPARTMENT
AMEDICAL EXAMINED'S CERTIFICATE OF DEATH Registered No.67. 8384

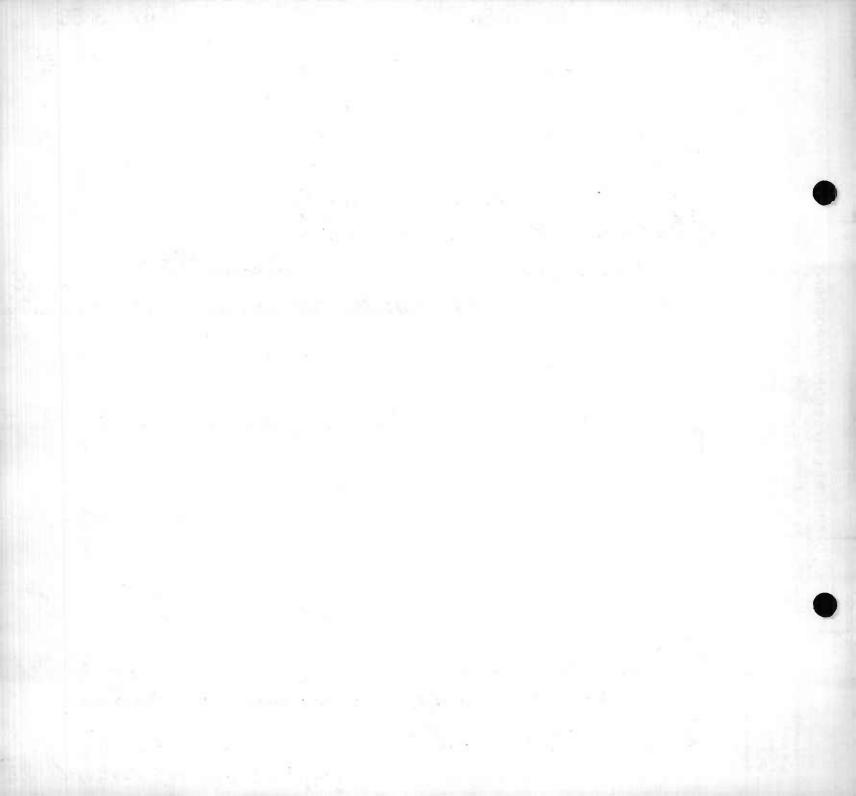
MEDI M.E. CASE NO.	CALLA	AMINER 3 CI	LKIIIICA	IL OI D	LAIII Magisia	
1. NAME OF DECEASED				2. DATE AND	HOUR PRONOUNC	ED DEAD
PEARL EVERETT		LANE		August	31, 1967	3:00 A. M
3. PLACE IN BALTIMORE, MARYLAND, WI			4. USUAL RESID A. STATE Marylan	DENCE (Where d	eceased lived. If inst B. COL	Nitution: residence bofore admission
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCA NSTITUTION	L OR INSTITUTION)	THON, GIVE STREET	C. CITY OR TOV	WN (If outside		e RURAL ond give township)
Hopkins Hospital	(DOA)		Baltimo	RESS (If rurol,		0-01
5. 5EX 6. RACE	7 44 4 00150	NEVER MARRIED	B. DATE OF BIRT	. Chase	9. AGE (In years	If Under 1 Yr. If Under 24 Hr.
Female White		DIVORCED (specify)	May 3,		lost birthdoy 41	Months Days Hours Min.
OA. USUAL OCCUPATION (Give kind of work lone during most of working life, even if refired) Unknown	10B, KIND OF	BUSINESS OR INDUSTRY		(State or foreign burg Co.	country)	12. CITIZEN OF WHAT COUNTRY? U.S.A.
3. FATHER'S NAME	1		14. MOTHER'S M		,	0.0.11.
Floyd E. Everet	t		1 1 1 1 1 1	Adelle F	. Owens	
5. WAS DECEASED EVER IN U.S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT	100110 1	· owens	ADDRESS
(es, no arunknown) (If yes, give war or date: Unkn p wn	s of servicel	security No.	Landford	-Boyner	Mortuary W	oodruff, S. C.
[18.		CAUSE	OF DEATH			INTERVAL BETWEEN
UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CON WAS PERI	ATED TO T	HE				
.DC/		WHICH OPERATION	Yes		N CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH? Yes
21A. EXTERNAL CAUSE WAS UNDERLYING OF CONTRIB- UTING CAUSE OF DEATH.	21 B. home etc.)	PLACE OF INJURY (e.g., i form, foctory, street, o	ffice bldg., INJUR	WHERE DID (I	in Baltimore City, g	ive exoct location)
21D TIME (Month) (Day) (Yeor (APPROX.)		VHILE AT NOT WORK AT W	WHILE	OW DID INJU	RY OCCUR?	
actual Signature Examiner's Name (Type)	oses X A	Inspection Aut	opsy X and	EDICAL EXA	AMINER X	
23A. BURIAL CREMATION, 23B. DATE		C. NAME OF CEMETERY O				, town, or county) (State)
Burial 9/3/	24B, NAME	Bethel Cemete OF REGISTRAR	24C. FUNER	AL DIRECTOR	druff, S,	ADDRESS
SEP 1 1967 VS 151-REV. 1/1/65	KR. Pro.	JE STONEWAY	Wm. C	ook-Broc	oks, Inc. 1	217 St. Paul St.



2		CITY HEALTH DEPARTMENT	
	BIRTH NO. 67-17123 67 8385 CERTIFIC	CATE OF DEATH Registered No. 67 8385	
3	M.E. CASE NO. I MAME OF DECEASED I MANE OF D	2. DATE AND HOUR OF DEATH	7.11
	Type of Phint Baby Boy Dance 3. PLACE OF DEATH IN BALTIMORE MARYLAND	4. USUAL RESIDENCE (There deceosed lived. If Astitution: residence before odmis A. STATE 8. COUNTY	4 M.
,		A. STATE 8. COUNTY	sioni
	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)	C. CITY OR TOWN (If outside city limits, write RURAL and give township)	-
	INSTITUTION	Joppa. 62-00	
	37 Mercy Hospital	D. STREET ADDRESS (If rure), give location)	
	S. SEX 6. RACE 7. MARRIED, NEVER MARRIED	413 Haslett Rd.	и
-	WIDOWED, DIVORCED (specify	9. AGE (In years (f Under 1 Yr. (f Under 24 Months; Doys Hours; M	
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDU		<u>«</u> _
	done during most of working (ife, even if refired) None None	Mercy Hosp. Baltimore U.S. A	
ŀ	13. FATHERS NAME	14. MOTHERS MAIDEN NAME	9
	Ronald L. Dance	Reatrice Edwards	
1	IS. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) ((f yes, give wor or dates of service) SECURITY NO.	17. INFORMANT ADDRESS	
		Beatrice Edwards 17. MFORMANT Father = Same as above ad SE OF BEATH INTERVAL RETWEEN	he
	1/3/0	SE OF DEATH INTERVAL BETWEEN ONSET AND DEATH	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Immaturity & normatal	
	(This does not mean the made of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease,	Presp. distress syndrome	
	injuly of complicotion which coused death.)	post. agreed ,	
	ANTECEDENT CAUSES (B) DUE TO	<u> </u>	
	DISEASES OR CONDITIONS, if ony, giving tise to the above cause (A) stoling the (C)		
1	UNDERLYING CONDITION Iosi.		
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
	DISEASE OR CONDITION CAUSING IT.		
	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
١	III L	(e.g., in or obout 2)7. WHERE DID (If in Boltimore City, give exact location) set, office bldg., INJURY OCCUR?	
	OR CONTRIBUTING CAUSE OF home, form, foctory, street.	eet, office bldg., INJURY OCCUR?	
ſ	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
	While At Not	While Work	
	22. I certify that (1) (this hospital) attended the deceased fram.	Aufust 30 1967 10 Auf. 30, 19	61
		11 / 1	
	that (I) (we) last saw the deceased alive an AN 30	and that in (my) (aur) aphrian death occurred on the	date
	and haur and from the causes stated abave. (1) (We) (did) (did no	nat) view the bad after deoth.	date
	and haur and from the causes stated abave. (1) (We) (did) (dld no	Attending Med. Sloff	date
	and haur and from the causes stated abave. (1) (We) (did) (dld no 23A. SIGNATURE) M.D. 23G. PHYSICIANS	Attending Med. Stoff Phys. Attending Med. Director Phys. Phy	12
	and haur and from the causes stated abave. (I) (We) (did) (dld not 23A. SIGNATURE) M.D. 23C. PHYSICIAN'S NAME (Type)	Attending Med. Sloff	date 12
	and haur and from the causes stated abave. (I) (We) (did) (did not 23A. SIGNATURE) Way yun ham. D. 23C. PHYSICIAN'S NAME (Type) Hammond Du8an, III 24A. BURIAL CREMATION. [24B. DATE / [24C. NAME of CEMETERY	Attending Med. Stoff Phys. 23B. DATE SIGNED And Director Phys. Phys. AJD, 188	17
	and haur and from the causes stated abave. (I) (We) (did) (did not stated abave. (I) (We) (did not sta	Attending Med. Stoff Phys. 23B. DATE SIGNED 23B. DATE SIGNED Ary 30, 180 23D. ADDRESS M.D. CREMATORY 24D. LOCATION (City, lown, or county) (Sto	17
	and haur and from the causes stated abave. (I) (We) (did) (did not 23A. SIGNATURE) Way yun ham. D. 23C. PHYSICIAN'S NAME (Type) Hammond Du8an, III 24A. BURIAL CREMATION. [24B. DATE / [24C. NAME of CEMETERY	Attending Med. Stoff Phys. 23B. DATE SIGNED 23B. DATE SIGNED Ary 30, 180 23D. ADDRESS M.D. CREMATORY 24D. LOCATION (City, lown, or county) (Sto	17
	and haur and from the causes stated abave. (1) (We) (did) (did not 23A. SIGNATURE) 23A. SIGNATURE When the causes stated abave. (1) (We) (did) (did not 23A. SIGNATURE) A. D. M.D. 23C. PHYSICIANS NAME (Type) Hammond Du8an, III A. BURIAL CREMATION, 24B. DATE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of Piver View	Attending Med. Stoff Phys. Ay 30, 188 23B. DATE SIGNED Artending Med. Director Phys. Ay 30, 188 23D. ADDRESS M.D. CEMATORY 24D. LOCATION (Gily, lown, or county) (Storement of the county) Cematery Batton Of Richmond	11

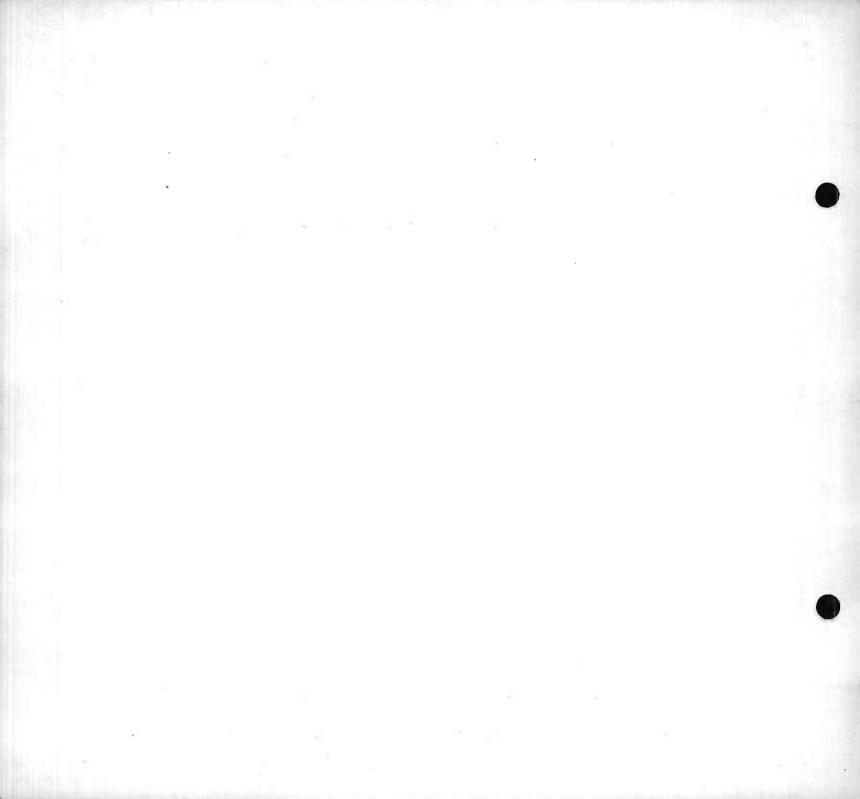
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VS 150-REV, 1/1/65



FUNERAL DIRECTOR: IMPORTANT

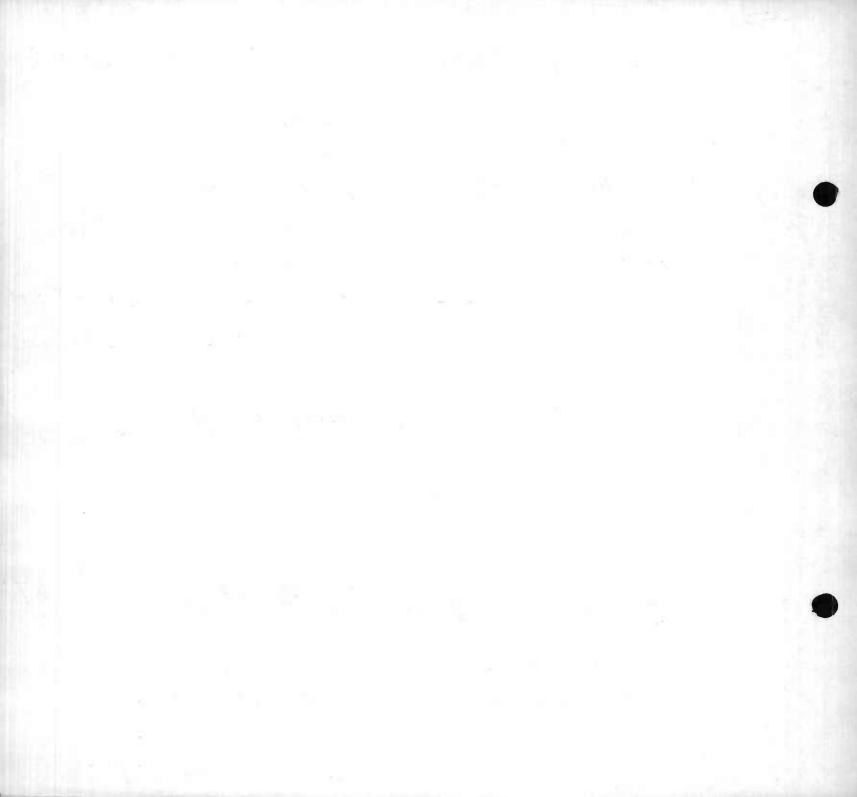
-	67	8387 CERTIFICA	HEALTH DEPARTMENT	67 8387
HATH NO.	07.	CERTIFICA	TE OF DEATH Registered No.	07 0007
M.E. CASE	NO. F DECEASED		2. DATE AND HOUR OF DEATH	
(Type or Pri	CASPEI	RSHINSKY	Aug.29,1967	4:30 a.
FULL NA	OF DEATH IN BALTIMORE, MA	AYLAND or institution, give street	4. USUAL RESIDENCE (Where deceased lived, If in A. STATE B. CDUNTY Md.	nstitutian: residence befare admission)
HOSPITA	L DR address or location		c. CITY OR TOWN (If autside city limits, write Baltimore	AURAL and give township)
00	448 N. Clinto Baltimore, Mo		D. STREET ADDRESS (If rurol, give locotics) 448 N. Clinton St.	
s, sex mal	e white	7. MARRIED, NEVER MARRIED WIDOWED, DIVORGED (specify) MARTIED	8. DATE OF BIRTH 9. AGE (In years lost bighday) 6/7/1900	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
done during	OCCUPATION (Give kind of war most of working life, even if retired) Follower	Beth. Steel Corp.	11. BIRTHPLACE (State or foreign country) Penna.	12, CITIZEN OF WHAT COUNTRY?
3. FATHER			14. MOTHER'S MAIDEN NAME UNKNOWN	
5. Was De	ceased Ever in U. S. Armed Fo		17. INFORMANT	ADDRESS
(Yes, no ar ui	nknawn) (If yes, give war ar date	213-07-3996	Victoria Checonsky Sh	
18.	DISEASE OR CONDITION DI	CAUSE O		INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH	(A) acc	te coronary throm boxis	30 mml
heort f	does not mean the mode of oilure, asthenio, etc. It means ar camplication which caused ANTECEDENT CAUSES	the disease, Co	rowing arting disease valiged arterio aclerosio	Two.
rise	SES OR CONDITIONS, if to the abave couse (A) RLYING CONDITION tost.	ony, giving	ista.	Som.
≥ TO T	SIGNIFICANT CONDITIONS (HE DEATH BUT NOT REL SE OR CONDITION CAUSING	ATED TO THE		
		DITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
OR CO	CCIDENT WAS UNDERLYING NTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in hame, farm, factory, street, atc.)		e City, give exact lacation)
21 D. TI	URY	(Haur) 21E. INJURY OCCURRED While At Not While At Work		
22. 1 c	ertify that (1) (this hospito	1) attended the deceased from	7th 20 1964 10 aug	19 57
) (we) last saw the decease	do-0 36	19.67 and that in (my) (our) of	hing doob accurate a the dat
		1		man dealli accorred an ine goi
	SNATURE	ted obove. (I) (Well (did) (did not) v	riew the bady after death.	23B, DATE SIGNED
23%. 510	Le oblile	M.D. Atte	ending Med. Stoff Phys.	aug. 30, 1967
	YSICIANS ME (Type) Dr. Loui	s C. Dobihal M.D.	^{23D.} ADDRESS 447 N. Kenwood Avenu	e
REMO	L CREMATION, 24B. DATE VAL (Specify)	24C.NAME of CEMETERY of CRI Gardens of Fai		ity, town, or county) (State)
	REC'D SCHEALTH DEPT 1967	25B. NAME OF REGISTRAR	Schimunek Funeral H	
/S 150-REV	1/1/65	and and it without at	3331 Brehms Lane	
2 120-KCA	. 17 17 03			



VS 150-REV. 1/1/65

peny sum concept thought former in or income DIE E T'RUS HICKORD 45 82/61/20 Harten in T 5000 decen William PARKE 24-17-40

BIRTH NO. 67	3333	TE OF DEATH	Registered Na	67 8389
I. NAME OF DECEASED (Type or Phint) (Type or Phint)	ESSE HO	oward 2. DATE	AND HOUR OF DEATH	7 6:00 P.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospitol or institute oddress or locotion) FRANKLIN SOUAK	tion, give street	C. CITY OR TOWN (HE BALTO	YTNU	stitution: residence before admission
5. SEX 6. RACE 7. MAR	own colvorced (specify) Separated	B. DATE OF BIRTH	9. AGE (In years tost bighday)	If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KINdone during most of working lile, even if refired) Lather Carpen 1	of Business or Industri	Virginia	oreign country)	12. CITIZEN OF WHAT COUNTRY?
unknown		14. MOTHER'S MAIDEN N unkn	111111111111111111111111111111111111111	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of serv	16. SOCIAL SECURITY NO. 220-07-1132	17. INFORMANT HOSPIT	AL REC	CORDS-FS:
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, heart failure, asthenia, etc. It means the distinjury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, grise to the abave cause (A) stating UNDERLYING CONDITION last,	(B) DUE TO	Ulmonary UHF Ilmonary or	edema	- 10 hora
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	JTING THE	/		
	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or	No. 208. IF YES, WERE F	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medicot exominer)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	ffice bldg., INJURY OCCUR?	(If in Bottimore	City, give exact locotion)
21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21E. INJURY OCCURRED While At Not Whi Work At Work		NJURY OCCUR?	0 . 07 / 1
22. I certify that (I) (this haspital) attended that (I) (we) last saw the deceased alive	an 8/28			19 0) nian death accurred an the da
and haur and fram the causes stated above 23A. SIGNATURE Weeler Hell 23C. PHYSICIANE NAME (Type)	2'	ending Med. S. Director 23D. ADDRESS	Stoff Phys.	23B. DATE SIGNED
HECTOR L.	FELICIANOD.	EMATORY 24D.	LOCATION (Cit	y, lown, or county) (Stole)
Burial 8/31/67 (Oak Lawn Ceme	25C. FUNERAL DIRECTO		ADDRESS
SLF 1 1957 Rev. 1/1/65	gelt, E, stabley ma	Schimunek 3331 Bro	Funeral Horens Lane	me, Inc.



VS 150-REV. 1/1/65

Ballinest Last 2408 EVERTON Rd. 01/10/10 90 A TRAVE RETIRED CO. ATION Pod. Anna Lee Vareles 21705 paget This Hoyal H. Kerlly (In TUNW 254 Regnistry Friling Employems Die 12-12 101 (010 1/20 1/20)

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 7 8391

M.E	CASE NO.								
	NAME OF DEC	CEASED				2. DATE AND HOUR PRONOUNCED DEAD			
СТУР	THOMA	S		J.	REE	RGER S	Δ 11011	st 30, 1967	1 3:15 P. M.
3. P		IMORE, MARY	LAND, WI		INCED DEAD	4. USUAL	RESIDENCE (Where	deceased lived. If institution: re	sidence before admission)
						A. STATE	ryland	B. COUNTY	
FUL	L NAME OF	(IF NOT II	N HOSPITA	L OR INSTITU	TION, GIVE STREET		4	corporate limits, write RURAL	and give township)
INS	SPITAL OR	ADDRESS	OR LOCA	IION)			VK 10 1111 (11 0013100	corporate mining mine no mine	8-11
-	- TI	** 1.				Bal	ltimore		0-41
3	3 John	s Hopki	ns Hos	pital		D. STREET	ADDRESS (If rural,	give location)	
						142	27 N. Wolfe	St.	
5. S	EX	6. RACE		7. MARRIED.	NEVER MARRIED	B. DATE O	F BIRTH	9. AGE (In years If Und	er 1 Yr. If Under 24 Hrs.
				WIDO WED,	DIVORCED (specify)		0	last birthday) . Month:	Doys Hours Min.
	Male	White		Widou	ved.	3-8-		76/75	
		UPATION (Give wasking life, eyer		108. KIND OF	BUSINESS OR INDUSTRY	17. BIRTHP	LACE (State or foreign		ZEN OF AT COUNTRY?
(11	/ /	i ii remned)	Groce	,	Ma	nuland		TISA
13. F	ATHER S NAM	AE O		groce	<u>C</u>	14. MOTHE	ER'S MAIDEN NAME		VI-VI-VI-VI-VI-VI-VI-VI-VI-VI-VI-VI-VI-V
	1 1	1 0				1	ra White		
1 .		inder B			11			4000	F.C.
		D EVER IN U.			16. SOCIAL SECURITY NO.	17. INFORM	MANI	ADDRE	33
					21512115211	Tham	as a Ran	ger, Jr. 6619	Fodoral Ave
	18. TO				CAUSE	OF DEAT		yer, pro our	LINTERVAL RETWEEN
	2 9	81/1			CAUSE	OF DEAT	n		ONSET AND DEATH
	DISEA	SE OR COND	ITION DIE	RECTLY					
	/This does	LEADING T		4.1			norrhage		
	heart failure,	This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease. DUE TO gunshot wound of chest involving							
	rnjury or co	the heart and the liver.							
	4	ANTECEDENT CAUSES							
		DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO							
	RISE TO TH	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.							
7	UNDERLIN	NG CONDITIO	JN LASI.		(C)				
ō			_						-
CERTIFICATION	OTHER SIG	II NIFICANT CO	NDITIONS	CONTRIBUTU	NG				
5	TO THE	DEATH BUT	NOT REL	ATED TO T					
E		R CONDITION				Taga All	I DODOUG /W	OAR AT MEE WEEK TIMEN OF	COLUMNIC
H	19A. DATE OF	OPERATION	WAS PERF		WHICH OPERATION	20A. AU		20B. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF D	
1	2						Yes		Yes
EDICAL	21 A. EXTERNA	OR CONTRIB	S	21B.	PLACE OF INJURY (e.g., form, factory, street, o	in ar about	21C. WHERE DID (If in Baltimare City, give exact	location)
ă		SE OF DEATH		etc.)	store	Jinee brugg,		Wdfe St.	7 - 27
ME	21D TIME	(A41) (D	. A /V A	(11)	1E. INJURY OCCURRED		21F. HOW DID INJU		
	OF INJURY	(Month) (D							
	(APPROX.)	8/30/67	7 2:3	0 P. m. V	VHILE AT NOT	ORK	Shot du	ring robbery	
	22.			. 🗆		X	t at the		
	I cer	tify that I he	ld an Ir	iquiry []	Inspection Au	topsy X	and that an thi	s basis, death in my apini	an
	resul	Ited fram: No	atural cau	ses A	Accident Suicid	e H	lamicide X L	Indetermined manner	
		1.			-	CHI	EF MEDICAL EX	AMINER -	
	ACTUA		1 . "	1 5	+7_		NT MEDICAL EX		DATE SIGNED
	SIGNAT		Trus	12-1	M.D				8/31/67
	EXAMIN		Werne	r U. (\$6	itz, M.D.	ASSOCIA	TE MEDICAL EX	AMINER	0/31/0/
00.4	NAME (1005		(6)
	OVAL (Specif		B. DATE	7 23	C. NAME OF CEMETERY	OF CREMATO		OCATION (City, town, a	4 1
16.	/		1-2-6	7	Parkwood (e	meter	w Ba	ltimore, Mary	land
	DULAL A. DATE REC'D	BY HEALTH	-	24B. NAME		24C.	FUNERAL DIRECTOR		ADDRESS
		OLD THE ST	1967	-	A MARKET AND			0 1 0 0	1 1
		STYL O	1901 (John	E, Farbey HA	Le	conard fo	Ruck, Inc Ba	ltimore, Md.
1/6	1.61 BP14 1/1	400 1 1		1	7 7 15 15	C 63			

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M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) Chester M. Carter 3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF HOSPITAL OR INSTITUTION We discuss a location) Union Memorial Hospital 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 12. DATE AND HOUR OF DEATH August 30, 1967 9:30 A. USUAL RESIDENCE (Where deceased lived. II institution: residence before od A. STATE B. COUNTY Md. C. CITY OR TOWN (If outside city limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rurol, give location) 3007 Abell Ave. 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 19. AGE (In years) If Under 1 Yr.	BIRT	TH NO.	67	839		ATE OF DEA		No. 67 8392
S. SER O. RACE MINITUTION FULL NAME OF DEATH IN BLATMORE MARRIAND FULL NAME OF TOWN (II avtide city limits, will RUEAL and give insention) MINITUTION FULL NAME OF TOWN (II avtide city limits, will RUEAL and give insention) Battmore D. STREET ADDRESS III fronk give incentions S. SER O. RACE MINITUTION MID OWID, DISPRETO Insector MID OWID OWID, DISPRETO Insector MID OWID OWID, DISPRETO Insector MID OWID OWID OWING INTERNATION IN ADDRESS S. SER O. RACE MID OWING II OWING IN AMERICA MID OWING II OWING IN AMERICA MID OWING II OWING IN AMERICA MID OWING IN AMER) 1. N	NAME OF DECE		er M. C		2. D	TE AND HOUR OF DEA	ATH
HOSPITAL OR oddess of lacebool Union Memorial Hospital Sier of Sactimene D. STREET ADDRESS III Turk give lacebool Sier ADDRESS III Turk give lacebool Sier ADDRESS III Turk give lacebool D. STREET ADDRESS III Turk give lacebool Sier ADDRESS III Turk give lacebool D. STREET ADDRESS III Turk give lacebool ANDRESS III Turk give lacebool West Vincinia 12. ANDRESS ADDRESS III Turk give lacebool West Vincinia 12. ANDRESS ADDRESS III Turk give lacebool WAS I Under I V. ANDRESS ADDRESS III Turk give lacebool WAS I Under I V. ANDRESS ADDRESS III Turk give lacebool WAS I Under I V. ANDRESS ADDRESS III Turk give lacebool III I Under I V. ANDRESS ADDRESS III Turk give lacebool III Under I V. ANDRESS ADDRESS III Turk give lacebool III I Under I V. ANDRESS ADDRESS III Turk give lacebool III I Under I V. ANDRESS ADDRESS III Turk give lacebool III I Under I V. ANDRESS ADDRESS III Turk give lacebool III I Under I V. ANDRESS ADDRESS III Turk give lacebool III Under I V. ANDRESS III Turk give lacebool III Under I V. ANDRESS ADDRESS III Turk give lacebool III Under I V. ANDRESS III Under I V.	3. 1	PLACE OF DEAT				4. USUAL RESIDENCE A. STATE B.	(Where deceased lived,	11 institution; residence befare admi
D. STREET ADDRESS III IT THE ADDRESS III III III III III III III III III	1	HOSPITAL OR	(f) not in hospital oddress or locati	l or institution, on)	give street	C. CITY OR TOWN		rite RURAL and give township)
The special part of the sp	te	Union Me	emorial Ho	spital		D. STREET ADDRESS	(If rurol, give location	12-0
TOU USUAL OCCUPATION (IN the find of working the same of residual of control of the dead of the same o	5. 9	S EX	6. RACE				9. AGE (In years	If Under 1 Yr. , 1f Under 2
does during mode of working life, seen if reliefd Let. Compational Properative And Conten Address And Conten Address Addres				marr	red		090 71	
3. FATHER'S NAME 3. FOR DECERCISE (PRICE OF DEATH 5. WAS DECERCED (PRICE OF DEATH 5. WAS DECERCED (PRICE OF DEATH 5. WAS DECERCED (PRICE OF DEATH 1. INFORMANT 6. SOCIAL 1. INFORMANT 1. INFORM		ne during most of wo	orking life, even if retired			West Vir	ainia	WHAT COUNTRY?
Cause of Death Carter Security No.		1			0 0	14. MOTHER'S MAID		
DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) staling the UNDERLYING CONDITION SOLD IT. TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A.DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED WAS UNDERLYING DRICKLES OF DEATH? 20.A. ACCIDENT WAS UNDERLYING DRICKLES OF INJURY (e.g., in or obout 21.C. WHERE DID OR CONTRIBUTING CAUSE OF DEATH? 21.B. PLACE OF INJURY (e.g., in or obout 21.C. WHERE DID OR CONTRIBUTING CAUSES OF DEATH? 21.D. TIME (Month) (Doy) (Yeor) (Hour) 21.E. INJURY OCCURED Work AI WORK A	15.	Wos Deceased E	Ever in U. S. Armed F	orces?		17. INFORMANT	Louge	ADDRESS
DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost. Content Significant Conditions Contributing to the Death But not related to the Disease or condition Causing it.			WW7			Ann H. Ca	rter	same
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTDPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20A. AUCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH? 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bidg., INJURY OCCUR? 19	ION	UNDERLYING	CONDITION Iost.	CONTRIBUTIN	IG ,			
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) DEATH (notify medical examiner) home, lorm, foctory, street office bldg. INJURY OCCUR?	IFICAT	19A.DATE OF	OPERATION 198. CO	NDITION FOR		20A. AUTDPSY? (Ye	5 OT NO) 20B. IF YES, W IN CERTIFYING	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
21D. TIME OF INJURY (APPROX.) 21D. TIME OF INJURY (APPROX.) 21E. INJURY OCCURED While AI	AL	OR CONTRIBUT	T WAS UNDERLYING TING CAUSE OF medical examiner)	211 hor etc	B. PLACE OF INJURY (e.g., me, form, foctory, street,	g., in or obout 21C. WHERE office bldg., INJURY OC	DID (If in Bolt	timore City, give exact location)
that (1) (we) last saw the deceased alive an aliquet 21 19 G.7 and that in (my) (we) apinion death accurred an and haur and fram the causes stated abave. (1) (15) (dw) (did nat) view the bady after death. 23A. SIGNATURE Albertant Phys. 23B. DATE SIGNED 23B. DATE SIGNED 23C. PHYSICIAN'S NAME (Type) Newland Edward Day M.D. 4 - E - 33N St Baltone Med 2 (2) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) West Virgin 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 125C. FUNERAL DIRECTOR ADDRESS		21 D. TIME OF INJURY		w	hile At Not V	Vhile -	ID INJURY OCCUR?	
23A. SIGNATURE **Moderation of Community** 23A. SIGNATURE **Med. Director		that (1) (we) I	last saw the decea	sed alive an.	allegant 2	1 19 4 7	and that in (my) (
23C. PHYSICIAN'S NAME (Type) NewLand Edward Day 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY Director Phys. Direc				ated abave.	(1) (156) (d.141) (did nat) view the bady after	leath.	238. DATE SIGNED
Newland Edward Day 24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) West Virgin 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 125C. FUNERAL DIRECTOR ADDRESS	ì	Men	uland Edi	und)	ay M.D.	Phys. Directo		aujent 30/90
burial 9/2/67 Elk View Masonic Cem. Clarksburg, West Virgin 25A, DATE REC'D BY HEALTH DEPT. 125B. NAME OF REGISTRAR 125C. FUNERAL DIRECTOR ADDRESS		23C. PHYSICIAN	4.2			23 D. ADDKESS		
SEP 5 1967 (2) O By G Jan 1 256. FUNERAL DIRECTOR ADDRESS Leonard J. Ruck. Inc Baltimore.		Newlan	nd Edward	Day		D. 4-8-33	nd st Ball	town Med 2121
	1	NAME (Type Newlan A. BURIAL CREM	nd Edward	Day 24C.N	TAME of CEMETERY OF	D. 4-8-33.	St Ball 24D. LOCATION (Larksburg	Trune Med 2(2) (City, lown, or county) q. West Virgin

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	his certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death the body was released to the hospital by a medical examiner.	for the state of t
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M.E. CASE NO.	FASED			DATE AND HOUR OF DEAT	TU	
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. PLACE OF DE	ATH IN BALTIMORE MA	Benjamin Lisher	/ USUAL RESIDEN	ugust 30,196	/•	5P.
PLACE OF DE	ATH IN BALTIMORE, M.	AKILAND		B. COUNTY	institution; residence before	a odmissio
FULL NAME C	F (If not in hospital	or institution, give street	Md.			
HOSPITAL OR	oddress or locoti		C. CITY OR TOWN	(If outside city limits, writ	te RURAL ond give townshi	p)
ii ta ii ta ii ta ii	1760 ALL	. 4 4 . 4 C 4		Baltimor	e 21218 4-	01
	1/09 7100	ottston St.	D. STREET ADDRESS			
100				1769 Abbott	ston Street	
. SEX	6. RACE	7. MARRIED, NEVER MARRIED	8. DATE QE BIRTH	9. AGE (In years		nder 24 Hi
11 1	111/2:4	WIDOWED, DIVORCED (spec	ify) MA IL - O	lost birthdoy)	Months Doys Hours	Min.
Male	writte	Wildowed	May 12, 18			i
	UPATION (Give kind of wo working life, even if retired)	rk 108. KIND OF BUSINESS OR INC	USTRY 11. BIRTHPLACE (Stot	e or foreign country)	12. CITIZEN OF WHAT COUNTRY	?
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3. FATHER'S NA		Deck-Chiprogea	14. MOTHER'S MAIL		USI	
		r F. Lisher			61:	
	Derganu	i J. Lisner		Sarah	Eliason	
	Ever in U. S. Armed Fo		17. INFORMANT		ADDRESS	
Ues, no or unknown	[]/ []/ 1			. E Mac	10	-1
	W W /		611 Mrs. Mar	y C. ma ann	(Same	
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	plication which couse	d death.)	s. 4			
	ANTECEDENT CAUSE	S (B)	er penorunos	565		
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	e abave cause (A)	sloling the (C)	serulity			
UNDERLYIN	G CONDITION last.			**************************************		
	II.					
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OTHER SIGN TO THE D DISEASE OR	EATH BUT NOT REL	ATED TO THE				
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19A. DATE OF	WAS PE	RFORMED		IN CERTIFYING	CAUSES OF DEATH?	
U 21A. ACCIDE	NT WAS UNDERLYING	21 B. PLACE OF INJURY	(e.g., in or obout 21 C. WHER	E DID (If in Bottim	nore City, give exact locatio	an)
OR CONTRIBL	JTING CAUSE OF	home, form, foctory, st	reet, office bldg., INJURY OC	CU R?	7. 2.3	
<u>U</u>						
OF INJURY	(Month! (Doy) (Year	(Hour) 21E. INJURY OCCURRE	D 21F. HOW	DID INJURY OCCUR?		
(APPROX)			ot While Work			
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		I) ottended the deceased from				19 6 7
that (I) (we)	lost sow the deceos	ed olive on Algat 2	7 1969	ond that in(my) (🖛) o	pinian death occurred a	on the de
(oted obove. (I) (We) (dtd) (did				
23A, SIGNATU		, , (2.2, (3.3)	1		23B. DATE SIGNED	
11.	0 / 1/	M.C	Attending Med.	Stoff -	8/31/67	
Keed	and Though	i i i i i i i i i i i i i i i i i i i	Phys. Direct	or Phys.	0/31/6/	
23C. PHYSICIA NAME (T	vpe)		23D. ADDRESS	Company to the second		
7	Theodor	e Graziano	M.D.	2802 Harfor	d Road	
4A. BURIAL CRE	MATION, 248. DATE	24C. NAME of CEMETERY	or CREMATORY	24D. LOCATION	(City, town, or county)	(State)
REMOVAL	Specify)	and the state of t				.010107
Burial	9/2/6		piscopal Cemete		imore, Md.	
5A. DATE REC'D	BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL D		ADDRESS	
	9TL 0 1301	Olske & E Jondo	Leonard	J. Ruck, Inc.	Balto. Md. 21	1214
/S 150-REV. 1/1/	65		0 1	4		

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IMPORTANT

FUNERAL DIRECTOR:

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

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USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 2. CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20 B/ IF YES, WERE FINDINGS CONSIDERED (If in Boltimore City, give exact location) and that in (my) (arr apinion death accurred on the date M dis Leonard J. Ruck Inc. Balto. Md.

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VS 150-REV. 1/1/65

Cm 6	BALTIMORE CIT	Y HEALTH DEPARTMENT		67 8396
BIRTH NO.	3396 CERTIFICA	TE OF DEATH	Registered No.	07 0000
M.E. CASE NO. 1. NAME OF DECEASED			HOUR OF DEATH	
(Type or Print)	0	17464	711	91-7 1 412
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	R	14. USUAL RESIDENCE (Where	deceosed lived. If inst	titution: residence before odmission)
		A. STATE B. COUNT	Y	
FULL NAME OF (If not in hospital or institution of the state of the st	tion, give streel	MARYLAN	0	
INSTITUTION		C. CITY OR TOWN (If outs	ide city limits, write RU	JRAL and give hwaship)
44		D. STREET ADDRESS (If I	erol, give location)	0107
Unias Menagia	46-1-	1- 1-		2-
5, SEX 6. RACE 7. MAR	1705 FILAL		MORE K	D.
	OWED, DIVORCED (specify)		ost birthdoy)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF
done during most of working life, even if retired)	E 61 . C.	Mandia	-12	WHAT COUNTRY?
Buyer gas	& Clec. (o.	14. MOTHER'S MAIDEN NAM	00	U. J.
TA THER'S HAME		14. MOTHER'S MAIDEN NAM	/ . 1	1
CONRAD LOMER		SOPHIA	(UNA	ENOWN)
5. Was Deceased Ever in U. S. Armed Forces? Yes, no oi unknown) (If yes, give wor or dotes of serv	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	212-05-720	+ Mr. Edna D	Daman	(()
18. () ()		F DEATH.	Domest	INTERVAL BÉTWEEN
DISEASE OR CONDITION DIRECTLY		11. obshul his pri	luner dece	ONSET AND DEATH
LEADING TO DEATH	(A)	M. Course	24	
(This does not meon the mode of dying, heart failure, asthenio, etc. It meons the dis	e.g., DUE TO		mas 5	
injury ar camplication which caused death.)	eose,	480 1/R		
ANTECEDENT CAUSES	(B)(
DISEASES OR CONDITIONS, if ony, g	DUE TO		\bigcap .	
rise to the obave cause (A) stoting		<u> </u>	141 ()	(), , , ,
UNDERLYING CONDITION lost.			Munuel	Jeney M.D.
OTHER SIGNIFICANT CONDITIONS CONTRIB	LITING			
E TO THE DEATH BUT NOT RELATED TO				U
U 19A, DATE OF OPERATION 198, CONDITION	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES. WERE EL	NDINGS CONSIDERED
WAS PERFORMED		YES	IN CERTIFYING CAU	SES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID	(II in Boltimore	City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, c	office bldg., INJURY OCCUR?		
D 21D-TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	215 110111 212 11111	0.0.01100	
OF INJURY	While At Not Whi	21F. HOW DID INJU	RT OCCUR:	
(APPROX)	Work Al Work			//-
22. I certify that (I) (this hospital) attend		8/18	6/ 10 8	13/ 1967
that (I) (we) last sow the deceased alive	on 8/3/	19 6 2 and the	t in (my) (our) opini	ion death occurred on the dat
and haur and from the causes stated abo	ve. (1) (We) (did) (dame)			
23A. SIGNATURE				23B. DAYE FIGNED
11/1/1/1/6/	/ / / M.D. AH	ending Med.	itoff C	8/2///2
23C.PHYSICIAN'S	Phy	ys. Director I	hy s.	0/01/0/
NAME (Type)	ID			/
WILLIAM H. OEHLERT				PITAL
24A. BURIAL CREMATION, 24B. DATE 2. REMOVAL (Specify)	C. NAME of CEMETERY OF CR	EMATORY 24D. LO	CATION (City	, lown, or county) (Stole)
Burial 9/2/67.	Dulaney Valle	y (emetery	Baltimore	e, Md.
	ME OF REGISTRAR	25C. FUNERAL BIRECTOR		ADDRESS
SEP 5 1967 1.0	O. R.E. Falkura	Leonard y. 6	uck, Inc. 1	Balto.Md. 21214

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		7 839'	CERTIFIC	CATE OF [Registered No	
(Type or Print)	HARRY	L. CA	PLES,	JR.		HOUR OF DEAT	
FULL NAME C	OF (If not in hospitol oddress or location	or institution, gr	ve street	A. STATE	SIDENCE (Where B. COUNT	deceased fived. If Balt	institution: residence before imore
44 UN	NON MEMO	DRIAL	HOSPITAL	BAL	TIMORE	2/2/2 glys Jocotion)	AVENUE .
MALE 10A. USUAL OCC	6. RACE QUCASIAN CUPATION (Give kind of wo	WIDOWED,	NEVER MARRIED DIVORCED (specify	11-0	19-10	AGE (In years , but birthday)	If Under 1 Yr. If Und Months Doys Hours
	f working lile, even if retired) ENTATIVE	BALTO .	GAS 4 ELE	CTAC	MARYL	AND	WHAT COUNTRY?
13. FATHERS NA	RRY L.	CAPLE	ES, SR		AURA	FRENKE	NTIELD
15. Was Deceased (Yes, no or unknown	d Ever in U. S. Armed Forn) (II yes, give wor or do	orces? Ites of service)	SECURITY NO.	17. INFORMAL			ADDRESS
heort foilure, injury or cor	LEADING TO DEATH- not meon the mode of osthenio, etc. It meon mplicotion which couse ANTECEDENT CAUSE OR CONDITIONS, if he obove couse (A) IG CONDITION lost.	of dying, e.g., as the disease, ad deoth.) ES ony, giving	(B) DUE TO	arterios			disease
7	II NIFICANT CONDITIONS						
TO THE C	DEATH BUT NOT REL						
TO THE DISEASE OR	F OPERATION CAUSING F OPERATION 198. CO	NDITION FOR W	HICH OPERATION				E FINDINGS CONSIDERED CAUSES OF DEATH?
TO THE DISEASE OR OR CONTRIB	F OPERATION 198 CO	IT. NDITION FOR WERFORMED	HICH OPERATION	20A. AUTC e.g., in or obout 21C, et, olfice bldg.,	WHERE DID		RE FINDINGS CONSIDERED CAUSES OF DEATH?
TO THE DISEASE OR 19A. DATE OF	PE CONDITION CAUSING OPERATION 198. CO WAS PE ENT WAS UNDERLYING SUTING CAUSE OF	218. F home etc.)	PLACE OF INJURY (c. form, loctory, street injury Occurred Al Not	e.g., in or obout 21C. et, olfice bldg., INJU	WHERE DID IRY OCCUR?	(II in Boltim	note City, give exact location
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TO THE DISEASE OR DISEASE OR 19 A. DATE OF CONTRIBUTE OF INJURY (APPROX.) 21.1 certify that (I) (we) and haur an 23A. SIGNATI	R CONDITION CAUSING PROPERATION 198. CO WAS PE ENT WAS UNDERLYING SUTING CAUSE OF By medicol exominer) (Month) (Doy) (Yeor y that (1) (this hospital b) last saw the decease and from the causes struck ANS (Type) (Specily) EMATION, 248. DATE (Specily)	PORTON FOR WERFORMED 218. F home etc.) (Hour) 218. While Work work with work with work work all we an	PLACE OF INJURY OF INJURY OCCURRED AT A A A A A A A A A A A A A A A A A A	e.g., in or obout 21C, et, olfice bldg., INJU While 21F. While 19 G ot) view the bady Attending 23D. ADDRESS M.D. 11F	WHERE DID JRY OCCUR? HOW DID INJU ### and tha r after death. Med. Director	(II in Boltim	PREMBER 1 1 Pinlan death accurred at 23B. DATE SIGNED POSPITAL HOSPITAL HOSPITAL City, Town, or county)

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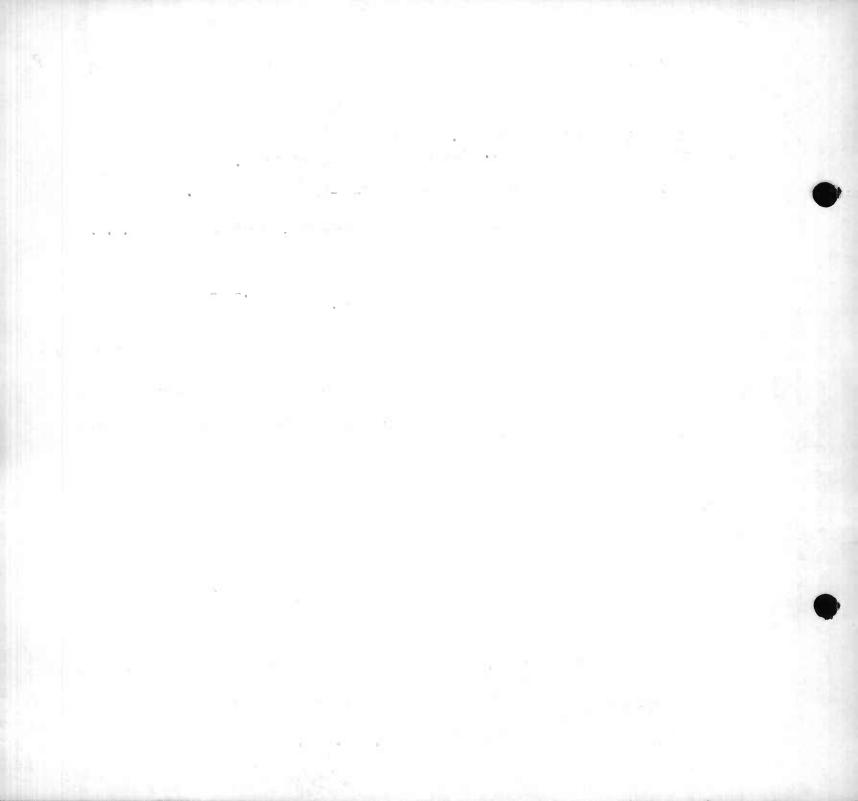
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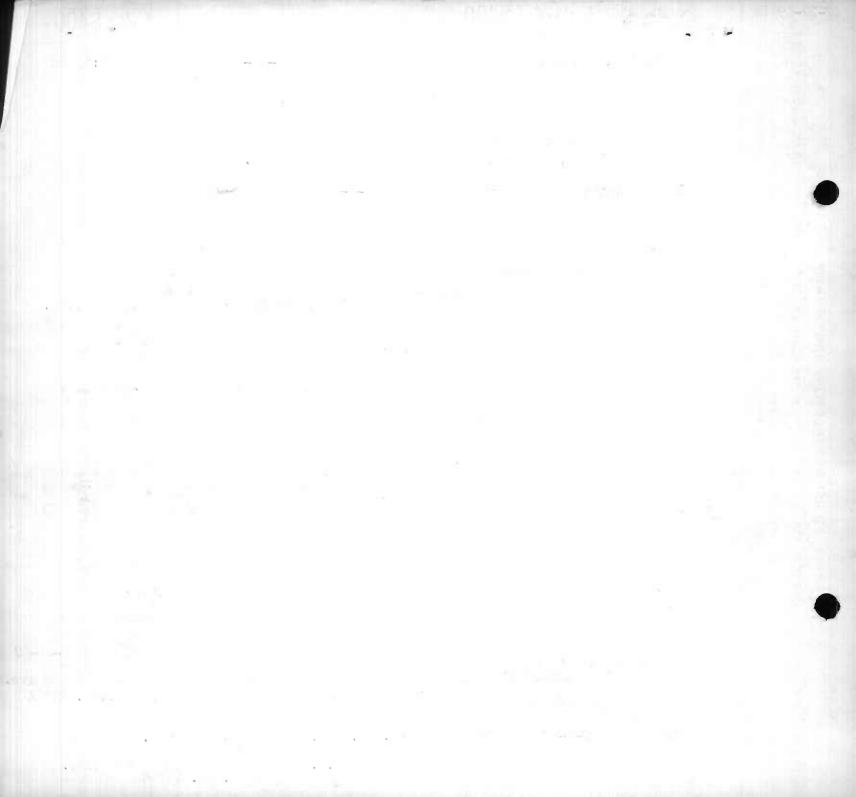
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such
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	is composed in the property of
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IRTH NO.	CERTIFICA	TE OF DEATH	Registered Na	07 000	20
A.E. CASE NO.			D HOUS OF BEATH		
NAME OF DECEASED		2. DATE AN	ID HOUR OF DEATH	72	0
GRACE H. OT	RAN	8/3	31167	3-	A
PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Whe		stitution: residence before	od mi s
		11			
FULL NAME OF (If not in hospital or institu	tion, give street	MARYLAN	0		
INSTITUTION		C. CITY OR TOWN (If ou	tside city limits, write l	RURAL ond give town)
Vila		BAKTIMORO	5	2/-	0
	;/	D. STREET ADDRESS (If	rurol, give locotion)	1	
Harry Memorine	Hospira;	3010 Pus	0100	AVE	
SEX 6. RACE 7. MAR	RRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr If Und	1. 0.4
	OWED, DIVORCED (specify)	S. DATE OF SIRTH	lost birthdoyl	Months Doys Hours	M M
F W W	DOWED	2/20/89	78		
A. USUAL OCCUPATION (Give kind of work 10B. KIN		11. BIRTHPLACE (State or fore	gn country)	12. CITIZEN OF	
one during most of working life, even if retired)		M.	1 2	WHAT COUNTRY?	
HOUSEWIFE		MARYLAN	0	USA	
FATHER'S NAME		14. MOTHERS MAIDEN NA	ME		
Frederi	ck Hershfeld		Rose Emma	Tinley	
			ATOBO MEMBE		
. Was Deceased Ever in U. S. Armed Forces? es, no or unknown) (If yes, give wor or dotes of serv	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
		В.	2010 -		
No	215-32-8822	Elizabeth N. St	ran 3010 0		
18.44 2 2 . / 1	CAUSE	OF DEATH		INTERVAL BETY	
DISEASES OR CONDITIONS, if ony, ginse to the obove couse (A) stoting					
rise to the obove couse (A) sloting UNDERLYING CONDITION lost.					
underlying Condition lost. II OTHER SIGNIFICANT CONDITIONS CONTRIB	the (C)				
UNDERLYING CONDITION lost.	the (C)				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	UTING D THE FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 208. IF YES, WERE	FINDINGS CONSIDERED	
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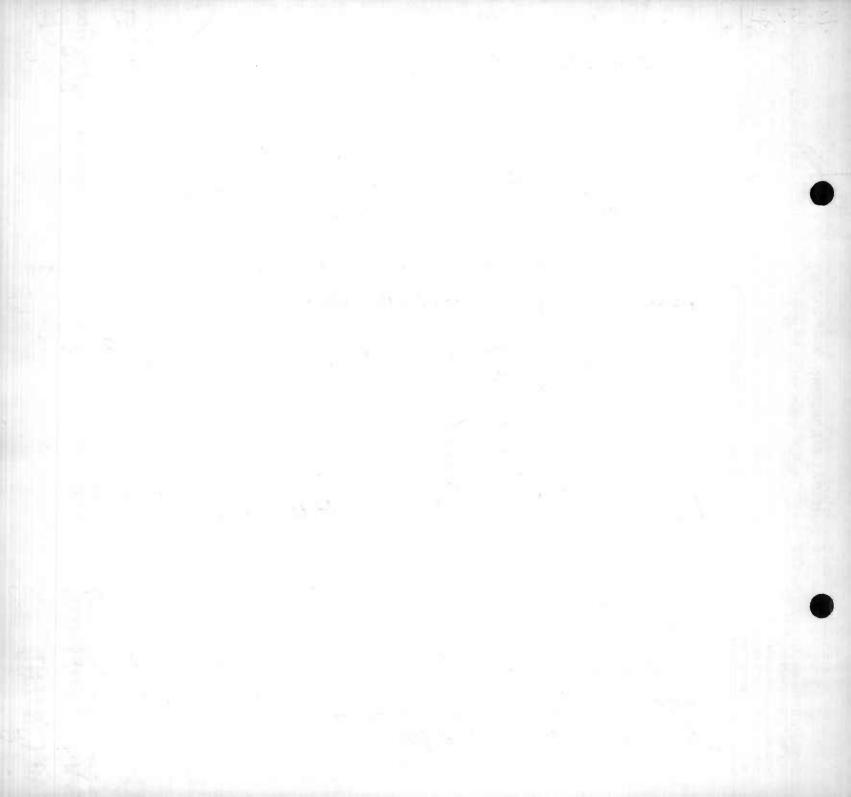
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such
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	Bessie	Baker		Aug	nst 27, 1967	6	, P
3. P	LACE OF DE	ATH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (W	here deceased lived. If it	nstitution: residence	before admiss
H	ULL NAME O	OF (If not in hospital and oddress or location	or institution, give street	c. CHT ST TOWN (IF	outside city limits, write	RURAL and give to	wnship)
		MIII Monadaya	2 Commander Contan	Baltimore		53	-00
0			& Convales. Center John St. 21217	D. STREET ADDRESS	If rural, give location)		
	Taraye	te Avenue &	John 24. STST	7518 Belair	Rd.		
5. \$1	F	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 3-24-97	9. AGE (In years lost birthdoy) 70 yrs.	If Under 1 Yr. Months Days	If Under 24 Hours Mi
		UPATION (Give kind of work working life, even il retired)	108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COU	NTRY?
uun@	Homemal		Home	Warrington, V	irginia	U.S.A.	
13. F	FATHER'S NA		*******	14. MOTHER'S MAIDEN N		- COOK	
	Para	FD. G		7.			
5 14	Was Deceased	Turner Gra		Lizzie I	each	ADDRE	
Yes,	, no of unknown	(If yes, give wor or dote:	s of service) 1 6. SOCIAL SECURITY NO.	Mrs. James B	trin-law) aker	ADDRE	33
	18./	クメエ	CAUSE O				L BETWEEN
	DISEA	SE OR CONDITION DIR	ECTLY				AND DEATH
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on o	5 A BALTIMORE CIT	Y HEALTH DEPARTMENT	14	07 0404
BIRTH NO.	CERTIFICA	ATE OF DEATH	Registered No	07 8401
1, NAME OF DECEASED		2. DATE A	ND HOUR OF DEATH	2 10
(Type or Print) SIMPSON GE 3. PLACE OF DEATH IN BALTIMORE, MARYLAND	PORCE AL	DRICH 1 Se	eft 67	at 22 PM
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	77	4. USUAL RESIDENCE (Whe	e deceased lived. If inst	itution: residence before odmission)
		MARYLAN		malter
FULL NAME DF (If not in haspital or institut) HDSPITAL DR address or (acation)			utside city limits, write RU	JRAL and give township)
INSTITUTION CONTURESITY	HOSPITAL	1 1 1 1	or e	2/207
300	Validity .	D. STREET ADDRESS (IF	rural, give location)	
38 GREENE & RE	DNOOD	8603 91	REEN LAT	Ve 53-00
SEX 6. RACE 7. MARR	IED, NEVER MARRIED WED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Manths: Days Hours Min.
19 Can is	ARRIL D	2/14/99	68	1
OA. USUAL OCCUPATION (Give kind of work 108. KIND	OF BUSINESS OR INDUSTR			12. CITIZEN OF WHAT COUNTRY?
dane during most of working life, even if retired)	theel	MARYL	AND	ush
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
TCAAC MARCIL	All Simon	ON MARGARET	PASE NO	000
15. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	nose app	ADDRES
(Yes, no ar unknown) (If yes, give war or dates of service	213-07-846		6. 8	603 Treen sha
MERMUWI	VAR. 0	The wice	Simpson	Balto 7 Ina
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and hour and from the couses stated above	e. (I) (We) (did) (did not)			
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Ful os Lee	M.D. A	ttending Med.	Staff Phys	1 Sept 67
23C. PHYSICIAN'S	182	23D. ADDRESS	Phys.	1
23C. PHYSICIAN'S NAME (Type)	M.D	111	- 1/50 A	-0
PERDINAND. 3		vivior	1 My Jula	town or county) (See)
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Dureal 9/4/6/1	AKE VIEI	N /IEM. FI	BERTY/ID	CARROLLO MI
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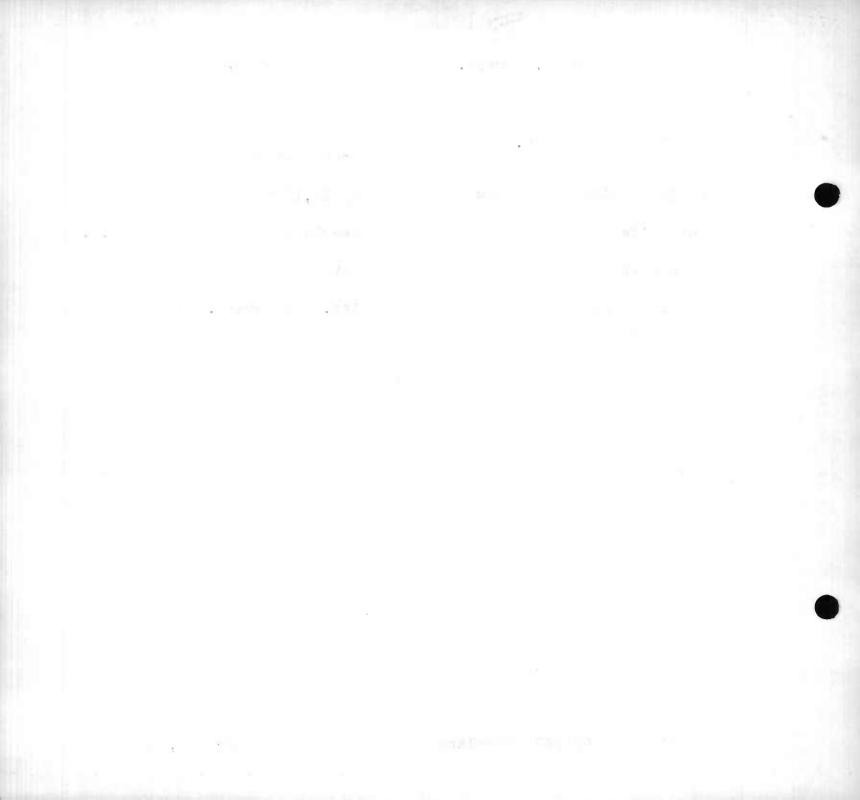
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	E CASE NO.			ID HOUR OF DEATH	4
	pe or Print)	7.1 P , C.	1/2:1	2//0	230
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	The state of the s		A. STATE B. COUN	TY	stitution: residence before odmi
F	FULL NAME OF (If not in hospital or instit	tution, give street	Maria	1 4 B -	
H	HOSPITAL OR oddress or location)		C. CITY OR TOWN MI OU	side city limits, write R	(URAL ond give township)
orn and	2,		Dall	mail 2	1717 16-6
_	11 11	11	D. STREET ADDRESS (III	rurol, give location)	1
	mas Noplin	Itornet Til	925	soulous	Mue
5. S	SEX 6. RACE 7. MA	ARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 2
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	No marie	1	1/:	, ,	5, 4
5 3	Damper D	mmore	17. INFORMANT	mia p	ruton
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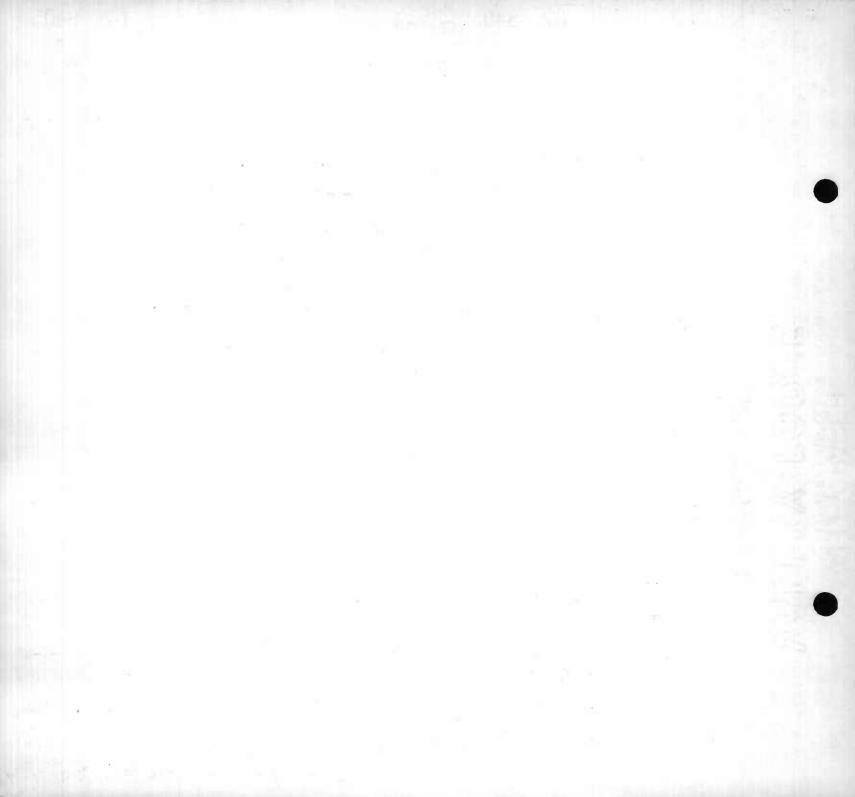
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PLACE OF DEA	TH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (Where deceosed lived, If	
FULL NAME O HOSPITAL OR INSTITUTION	F (If not in hospital oddress or location	or institution, grve street	Md. 21213 C. CITY OR TOWN (If outside city limits, write	e RURAL and give township)
	Jnion Memor	ial Hospital	Baltimore D. STREET ADDRESS (If rurol, give locotion)	8-0
			3320 Parklawn	Avenue
male	6. RACE white	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) married	B. DATE OF BIRTH 9. AGE (In years lost birthday) 3/16/01 66	Months Doys Hours
done during most of a	JPATION (Give kind of work working life, even if retired) W Caller	B & O R. R.	Baltimore, Md.	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAN		B G G K. K.	14. MOTHER'S MAIDEN NAME	
	nard McGar		Margaret O'Brien	
	Ever in U. S. Armed For Off yes, give wor or dote		Blanche Sinnott McGar	ADDRESS rity.wife.abov
1B. 42	O / I	CAUSE O	F DEATH	ONSET AND DEAT
(This does n	LEADING TO DEATH at mean the mode of	dying, e.g., (A)	Coronary Occlumin	ida
injury or com	osthenia, etc. It meons uplication which caused ANTECEDENT CAUSES	the disease, death.)	Corenary Occlusion	10 yr
rise to the	PR CONDITIONS, if above couse (A) CONDITION last.			
TO THE DI	II FICANT CONDITIONS C EATH BUT NOT RELA CONDITION CAUSING I	ONTRIBUTING OLC A	Emplegie - Clubert 20th. AUTOFSY? (Yes or No) 20th. IF YES, WER	ase 4yer.
19A. DATE OF	OPERATION 198. CON	DITION FOR WHICH OPERATION	20A. AUTOFSY? (Yes or No.) 20B. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
ex /	TING CAUSE OF	21B. PLACE OF INJURY (e.g., ir home, form, foctory, street, of etc.)	n or obout 21 C. WHERE DID (If in Boltime	ore City, give exact location)
OR CONTRIBU		(Hour) 21E INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?	
OR CONTRIBU	(Month) (Doy) (Year)	While At Not While Work At Work		
D 21A. ACCIDEN OR CONTRIBU DEATH (notify) 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we)	that (1) (this hospital) ottended the deceosed from	19 57 to	3-30 1967
D 21A. ACCIDEN OR CONTRIBU DEATH (notify) 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we)	that (I) (this hospital last sow the decease I from the couses stat) ottended the deceosed from	19 57 to	
21A. ACCIDENT OR CONTRIBUTION OF CONTRIBUTION	that (I) (this hospital last sow the decease I from the couses state RE	work At Work) ottended the deceosed from d alive on P-23 ed obave. (I) (We) (did) (did not) v M.D. Atte	19 57 to	pinian deoth occurred on the
D 21A. ACCIDEN OR CONTRIBU DEATH (notify) 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) ond hour and	that (I) (this hospital last sow the decease I from the couses state RE	work At Work) ottended the deceosed from d alive on P-23 ed obave. (I) (We) (did) (did not) v M.D. Atte	1957 to	pinian deoth occurred on the
21A. ACCIDENT OR CONTRIBUTION OF CONTRIBUTION	that (I) (this hospital last sow the decease I from the couses state of the couses state of the couses of the couse	Work At Work) ottended the deceosed from d alive on 7-2-3 red obave. (I) (We) (did) (did not) v M.D. Alte Phy	1957 to	pinian deoth occurred on the
21A. ACCIDEN OR CONTRIBU DEATH (notify) 21D. TIME OF INJURY (APPROX.)	_) ottended the deceased from	1957 to	3-30

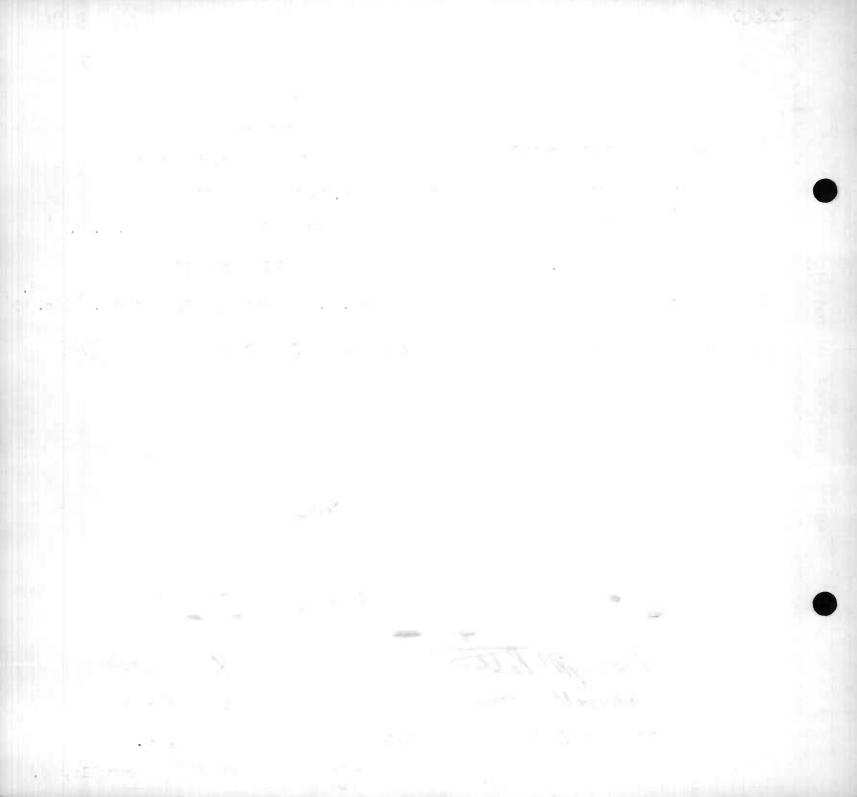




IMPORTANT

DIRECTOR:

FUNERAL



		mma GO		TEIN		8-31-67	3.45
F	FULL NAME OF HOSPITAL OR NITUTION	TH IN BALTIMORE, MA (II not in hospital oddress or locotio	or institution, g	give street	A. STATE B. CO	OUNTY outside city limits, write	e RURAL and give township)
1	Levindal	e Aged Home			Levindale &	lebrew Home	- Greaverin
5. S		6. RACE		NEVER MARRIED D, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. VIf Under Months Doys Hours
done	e during most of w	orking life, even if retired)	At H	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. [FATHER'S NAM	E	I AL II	ome	14. MOTHER'S MAIDEN	NAME	USA
15. \	Paul Lev- Was Deceased (,no or unknown)	CN Ever in U. S. Armed For (If yes, give wor or dote	rces? es of service)	1 6. SOCIAL SECURITY NO.	Pessie Sahn		ADDRESS
	Jo .			No	Mr. Jack Lev	in 6379 Gree	en Meadow Parkw
	18.5 26	X		CAUSE	F DEATH		INTERVAL BETW ONSET AND DE
		OR CONDITION DIL EADING TO DEATH	RECTLY	(A) B	roncho pule	momin	19 das
		I meon the made at		DUE TO		***************************************	
	heort failure, cinjury or comp A DISEASES Of rise to the	Il meon the made al asthenia, etc. Il means sticotion which coused NTECEDENT CAUSES R CONDITIONS, if above couse (A) CONDITION last.	the disease, death.)	DUE TO (C)	ronchiecta SCVD	ries .	years years
ATION	heort failure, of injury or comp A DISEASES OF TISE TO THE UNDERLYING OTHER SIGNIFT TO THE DE	isthenia, etc. II means dicotion which coused NTECEDENT CAUSES R CONDITIONS, if above couse (A)	the disease, death.) any, giving sloting the	3	ronchiecta. SCVD	<u></u>	Years Years
ERTIFIC	DISEASES OF THE DESCRIPTION OF T	Islhenia, etc. II means of the course of the	any, giving sloting the CONTRIBUTING ATED TO THE IT.	3		No) 208. IF YES, WER	Years Years FINDINGS CONSIDERED CAUSES OF DEATH?
AL CERTIFIC	heori failure, cinjury or comp A DISEASES OF TISE In the UNDERLYING OTHER SIGNIFTO THE DE DISEASE OR CONTRIBUTED TO THE DE DISEASE OR CONTRIBUTED TO THE DESTRUCTION OF CONTRIBUTED TO THE DESTRUCTION OF CONTRIBUTED TO T	Islhenia, etc. II means slicotion which coused NTECEDENT CAUSES R CONDITIONS, if above couse (A) CONDITION last. II CANT CONDITIONS CATH BUT NOT RELADION CAUSING OPERATION 198. CON	any, giving sloting the CONTRIBUTING TO THE TT. IDITION FOR V FORMED	OF PLACE OF INJURY (e.g., e, form, factory, street, c		No) 208. IF YES, WERIN CERTIFYING C	Years Years Years Te FINDINGS CONSIDERED AUSES OF DEATH? Tore City, give exact locohon)
DICAL CERTIFIC	DISEASES OF TO THE DESTANCE OF CONTRIBUTE OF	ISINENTIA, ELC. II means licotion which coused NTECEDENT CAUSES R CONDITIONS, if above couse (A) CONDITION last. II CANT CONDITIONS CATH BUT NOT RELACONDITION CAUSING OPERATION 198. CON WAS PER	any, giving sloting the CONTRIBUTING ATED TO THE IT. CONTRIBUTION FOR V FORMED 21B. hom etc.) (Hour) 21E.	PLACE OF INJURY (e.g., e, form, factory, street, c	20 A. AUTOPSY? (Yes of One of obout 21 C. WHERE DIE ffice bidg., INJURY OCCUR	No) 208. IF YES, WERIN CERTIFYING C	CAUSES OF DEATH?
MEDICAL CERTIFIC	DISEASES OF THE DESTANCE OF INJURY (APPROX.) heart injury or compared to the UNDERLYING OTHER SIGNIFT TO THE DEDISEASE OF CONTRIBUTION OF CONTRIBUTION OF INJURY (APPROX.)	Islhenia, etc. II means of icotion which coused NTECEDENT CAUSES R CONDITIONS, if above couse (A) CONDITION last. IICANT CONDITIONS (ATH BUT NOT RELADITION CAUSING OPERATION 198. CON WAS PER T WAS UNDERLYING TAUS (Month) (Day) (Year) That (I) (this hospital lost saw the decease from the causes states.	any, giving sloting the CONTRIBUTING ATED TO THE IT. CONTRIBUTING ATE	PLACE OF INJURY (e.g., e, form, factory, street, ce in the street of the	20A. AUTOPSY? (Yes on One of obout 21C. WHERE DID IT. HOW THE BODY OF THE BODY IT. HOW DID	IN CERTIFYING CO. (If in Boltime) INJURY OCCUR? In that in my (aur) appears	causes Of DEATH? Fore City, give exact locohon) 2 3 1 19 pinlon deoth occurred an
MEDICAL CERTIFIC	DISEASES OF THE DESCRIPTION OF CONTRIBUTE OF INJURY (APPROX.) heart for injury and hour and hour and	Isthenia, etc. II means officialism which coused NTECEDENT CAUSES R CONDITIONS, if above couse (A) CONDITION I ast. II CANT CONDITIONS CATH BUT NOT RELATION TO THE CONDITION CAUSING OPERATION 198. CONDITION CAUSING OPERATION 198. CONDITION (MAS PER MEDICAL CONDITION) IT WAS UNDERLYING TO WAS PER CONDITION (MAS PER CAUSE OF MEDICAL CONDITION) Ithat (1) (this hospital cost saw the decease from the causes state of the cause of the causes state of the causes state of the causes state of the cause of the causes state of the cause of the cause of the causes state of the causes state of the cause	any, giving sloting the CONTRIBUTING ATED TO THE IT. IDITION FOR V FORMED (Hour) 21 B. ham etc.) (Hour) 21 B. Whi Wor (Hour) 21 C. Whi wor 1) ottended the dalive anted abave.	PLACE OF INJURY (e.g., e, form, factory, street, c	20A. AUTOPSY? (Yes on NO On or obout 21C. WHERE DIE ffice bldg., INJURY OCCUR 21F. HOW DID 21F. HO	IN CERTIFYING CO. (If in Boltime) INJURY OCCUR? In that in my (aur) appears	causes Of DEATH? Fore City, give exact locohon) 2 - 3 1 19 pinlon deoth occurred an

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H-252 BIRTH NO.

67 8409 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 8409

M.E. CASE NO.	A
1. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD
JAMES THUGGINS	August 30, 1967 5:45 P. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. USUAL RESIDENCE (Where deceased lived. Il institution: residence below odmission) A. STATE B. COUNTY
	Maryland
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
INSTITUTION	Arnold
19 North Charles General	D. STREET ADDRESS (If rurol, give location)
Thorem onarros denorar	Route 3, Box 1
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs.
WIDOWED, DIVORCED(specify)	7113 1941 tast birthday! Months Doys Hours Min,
Male White 10A. USUAL, OCCUPATION (Gipe kind of work 1998, kind of BUSINESS OR INDUSTR	TY 11. BIRTHPLACE (State or foreign county) 12. CITIZEN OF
done during most of proking life even if retired)	WHAT COUNTY?
Westinguouse Morceulas Election	some 11.C. NON
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Vallas Huggin	Jellian!
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no ar unknown), (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
ino Como de	Mrs. Whilip Kanthe Mulana Min
CAUS CAUS	E OF DEATH INTERVAL BETWEEN
0	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH M1+4	The working to a
(This does not mean the made of dying, e.g., (A) FILITE	ple Injuries
heart foilure, ostheria, etc. It means the disease. injury or complication which coused death.)	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
RISE TO THE ABOVE CAUSE (A) STATING THE	
UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	Yes Yes
✓ 21A, EXTERNAL CAUSE WAS O UNDERLYING NOR CONTRIB- Dome, form, foctory, street, home, form, foctory, street, Contribution	in or about 21C, WHERE DID (II in Baltimore City, give exact location)
G UTING CAUSE OF DEATH. etc.)	
7	Millersville.
OF INJURY	Subj. driver of car
(APPROX.) 8/25/67 2:25 Am. WHILE AT AT NOT	which struck a parked tractor trailer
22.	utapsy 🗓 and that an this basis, death in my apinlan
resulted fram: Natural causas Accident X Suici	
ACTUAL MILL OF CO.	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE MUSING IN- TOTAL M. E	D. ASSISTANT MEDICAL EXAMINER X
EXAMINER'S Werner U. Spitz, M.D.	ASSOCIATE MEDICAL EXAMINER 8/31/67
NAME (Type)	
23A. BURIAL CREMATION, 23B. DATE 23C. NAME OF CEMETERY	or CREMATORY 23D. LOCATION (Cip), town, or county) (Stoto)
Fred 9/3/67 Bethel H	ell Com Xumberlow, M.C.
MA. DATE REC'D BY HEALTH DET. 248. NAME OF REGISTRAR	24C. SUNERAL DIRECTOR ADDRESS
CED 5 1067 10 2 8- C Ta D. 40	del to I barrage
SEP 5 1967 Robert E. tarbeyna	Your Sylvines
VS 151-REV. 1/1/65	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

Unstern from Medicales (Alterna) 2. E. you Course to Marshilla French Line of they Bealed Hell Com! The lister

:00 AM "
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3 - 00
r. If Under 24 Hrs.
OF COUNTRY?
NOTATON AVI
RVAL BETWEEN SET ANO DEATH
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GNED
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unty) (Stote)
AODRESS UERICK N
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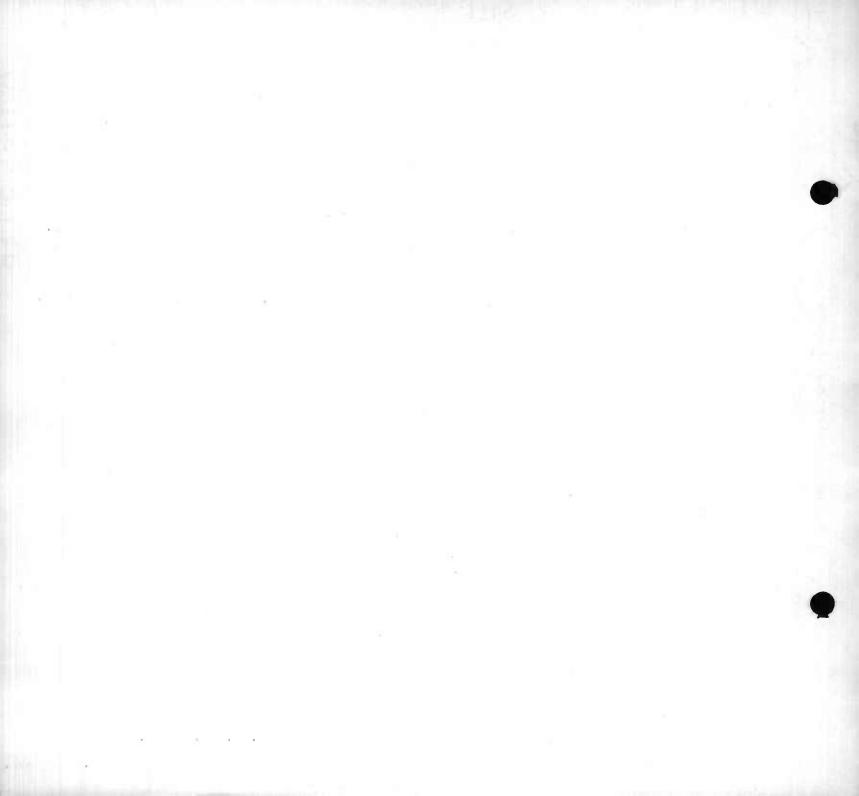
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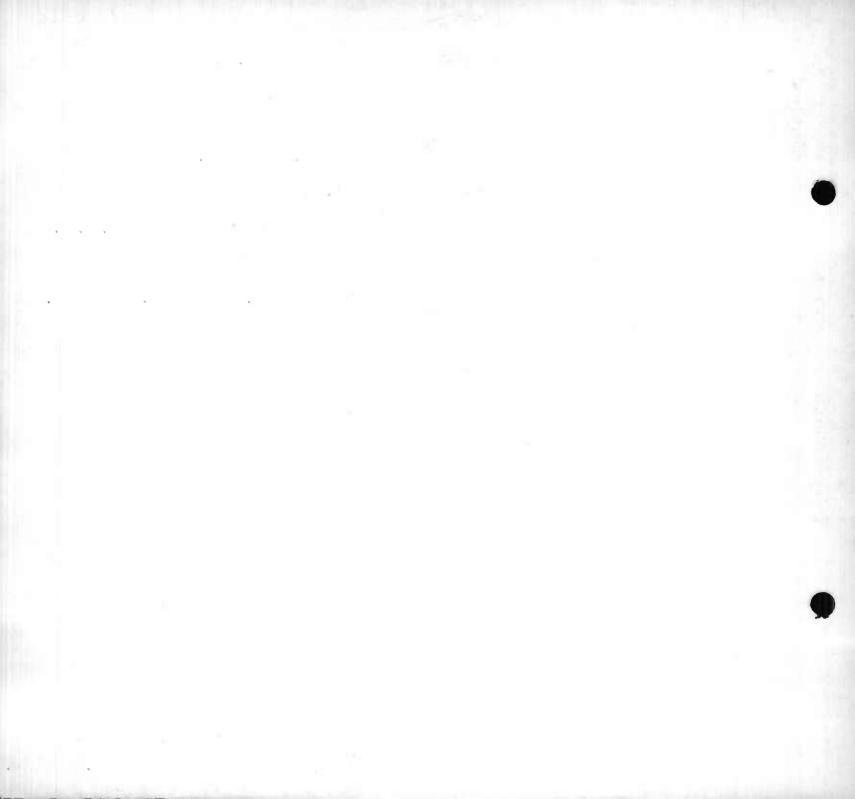
STAR LIES MOSTER . TERES ATT STORY

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69/1/6

BALTIMORE CITY HEALTH DEPARTMENT





The service that we will the same that the as or a comme or hel 26. . . 67 2 1998 - 4993 - 1793 in the contract of the contract Transmission of VENEZION :-Chicago Hone and Party In

21E. INJURY OCCURRED

Inspection

NOT WHILE

Suicide

23C. NAME OF CEMETERY OF CREMATORY

Mt Auburn Cemetry

Autopsy X

WHILE AT

Spitz,

24B, NAME OF REGISTRAR

Accident ___

21F. HOW DID INJURY OCCUR?

CHIEF MEDICAL EXAMINER

ASSOCIATE MEDICAL EXAMINER

Hamicide

24C. FUNERAL DIRECTOR

and that an this basis, death in my apinian

23D. LOCATION

Baltimore

Adolphus H alstead 1206 W North Ave

Undetermined manner

DATE SIGNED

(Stote)

8/31/67

(City, town, ar county)

Md

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH.

I certify that I held an Inquiry

23B. DATE

Werner U.

resulted fram: Natural couses X

21D TIME

OF INJURY

ACTUAL SIGNATURE.

REMOVAL (Specify)
Burial

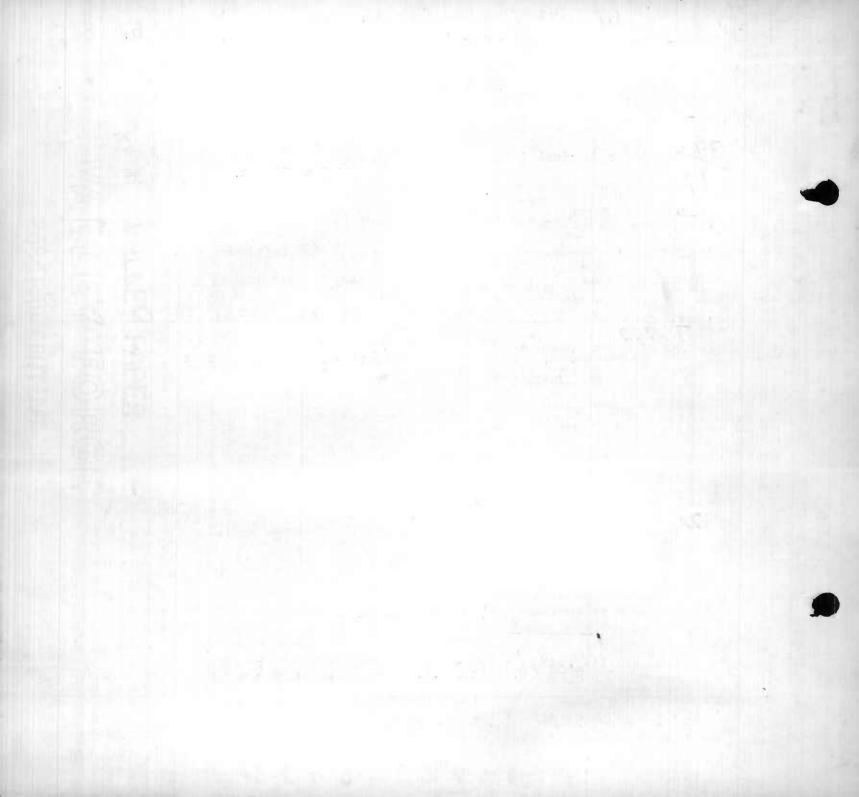
VS 151-REV. 1/1/65

EXAMINER'S

NAME (Type) 23A. BURIAL CREMATION.

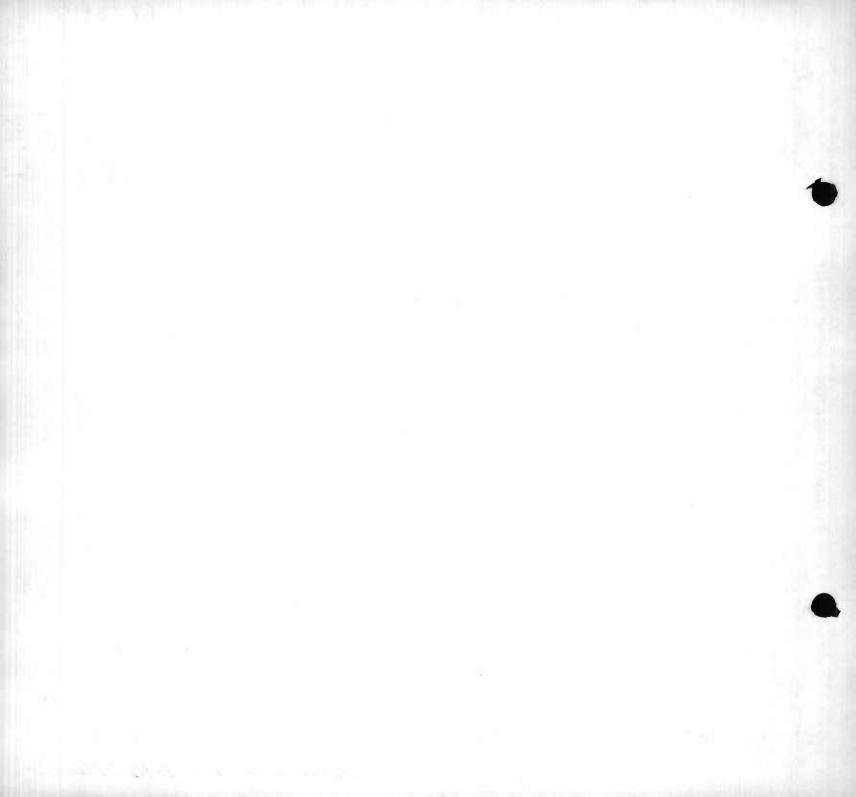
24A. DATE REC'D BY HEALTH DEPT.

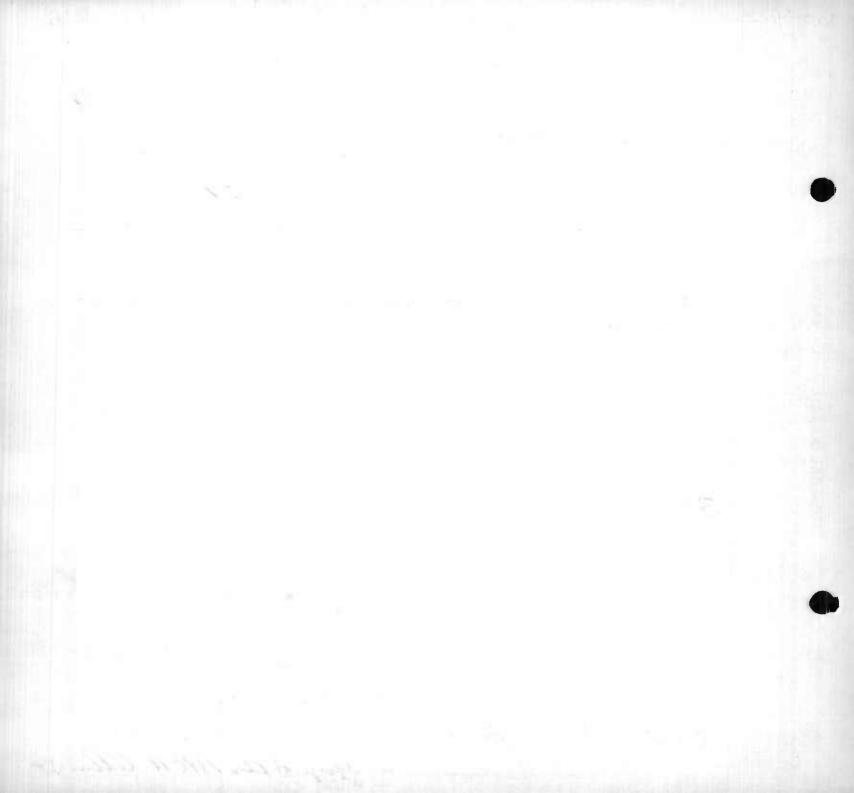
(APPROX.)



IMPORTANT

FUNERAL DIRECTOR:





M.E. CASE NO.			CERTIFICA	2, DAT	E AND HOUR OF DEATH			
(Type or Print)	John	T. Ower	ns		8-31-67	7:25 P.		
3. PLACE OF D	EATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE	Where deceased lived. If in	stitution: residence before admission		
FULL NAME HOSPITAL OF			give street	Maryland	If outside city limits, write	RURAL and give township)		
Provident Hospital, Inc.				Baltimore,				
.39	1514 Divi			D. STREET ADDRESS (If rural, give location)				
	Baltimore			2430 McCul	loh Street	CONTRACTOR OF THE PARTY OF THE		
5. SEX	6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)			B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. , If Under 24 Manths; Days Haurs M				
Male	Negro	Wido		1-17-89	78 yrs.	Manths Days Haurs Min,		
OA, USUAL OC	CUPATION (Give kind of work	10B. KIND OF	BUSINESS OR INDUSTRY	11, BIRTHPLACE (State of	foreign country)	12. CITIZEN OF		
	If warking life, even if retired)			Maryland	WHAT COUNTRY? U.S.A.			
13. FATHER'S NA	AME			14. MOTHER'S MAIDEN	NAME			
	Charles On	MANG		Matild	a Tyler			
5. Was Deceose	ed Ever in U. S. Armed Fare	ces?	1 6. SOCIAL	17. INFORMANT	a tatel	ADDRESS		
. /	vn) (If yes, give wor or dote	s at service)	212-07-1537	Mne Banni	ce Smith - da	ughter SAME		
NO 18.			CAUSE 0		ce bmrth - da	INTERVAL BETWEEN		
DISEASES rise to 1 UNDERLYIN OTHER SIG TO THE DISEASE O 19A. DATE C 21A. ACCID OR CONTRIL	not meen the mode of a sistence of the course of the cours	the disease, death,) ony, giving stating the ONTRIBUTING TED TO TH T. DITION FOR VORMED	DUE TO Rig. (B) DUE TO (C) GE WHICH OPERATION PLACE OF INJURY (e.g., if e.g., larn, factory, street, of the control of th	20 A. AUTOPSY? (Yes	rt failure ar No) 208, IF YES, WERE IN CERTIFYING CA			
21D. TIME	(Manth) (Day) (Year)	(Haur) 21 E.	INJURY OCCURRED	21 F. HOW DID	INJURY OCCUR?			
S OF INJURY	JURY White At Nat While							
		Was						
					19 67 to Augu	st 31, 19 67		
that (I) (we	e) lost saw the decease	d alive on	August 31,	19 67 an	id that in(my) (our) api	nion deoth occurred on the dot		
and hour o	nd from the causes stat	ed above. (I) (We) (did) (did not) v	iew the body after de	oth.			
23A. SIGNAT	A				23B, DATE SIGNED			
	M.D. Atter			nding Med.	Staff Phys.	9-1-67		
23C. PHYSIC	ANT	V	Phy	S. Director L	rnys, wow	7-1-01		
NAME	(Type) Dr.	C. Lar			sion Street	Balto., Marylan		
24A. BURIAL CE REMOVAL	EMATION, 248. DATE	24C. NA	ME of CEMETERY OF CRE	MATORY 24	D. LOCATION (C)	ty, town, ar county) (State)		
		na 14 P.			70			
Burial	9/5/6	/ Mt	Auburn Cem		Baltimore. I	Id.		
Burial	D BY HEALTH DEPT.	25B. NAME C	Auburn Cem	25C. FUNERAL DIRE	Baltimore, I	ADDRESS		
Burial	9/5/67 D BY HEALTH DEPT. SEP 5 1967			25C. FUNERAL DIRE				

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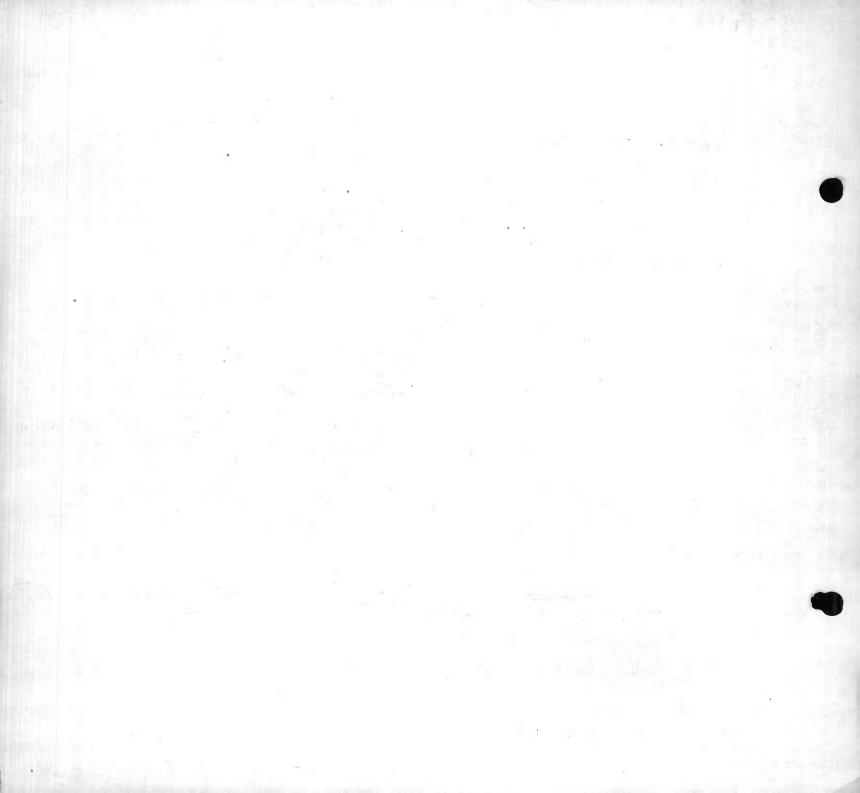
_	BALTIMOR	E CITY HEALTH DEPARTMEN	NT .	
BIRTH NO.	7 8418 CERTIE	ICATE OF DEAT	H Registered N	0. 959 8/10
M.E. CASE NO. 1. NAME OF DECEASED			TE AND HOUR OF DEA	01. 0410
(Type or Print)		2. 04	IE AND HOUR OF DEA	10
Jones Su	San	So So	pt. 2, 967	If institution; residence pelore admissi
or react of pearly in parismona,		A. STATE B.	COUNTY	institution, residence before dumissi
FULL NAME OF (If not in hospi	tol or institution, give street	Md		
HOSPITAL OR address or local	otion)	C. CITT OR TOWN	(If outside city limits, wri	te RURAL and give fownship)
70		Deltimone		00
Bolton Hill Convale	noont (Normain - Ota-	D. STREET ABBRESS	(If rurol, give locorlan)	
DOT CON ATT CONVETE	scent & Mursing Cti	1518 N Re	thel Street	
S. SEX 6. RACE	7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 H Months: Days Hours: Min
D No see	WIDOWED, DIVORCED (spec		lost birthdoy)	Months Days Hours Min
Magro	WORK 10B, KIND OF BUSINESS OR INC	OUSTRY 11, BIRTHILACE (Stote of	or foreign country)	12. CITIZEN OF
done during most of working life, even if retire				WHAT COUNTRY?
		Virgini 14. MOTHERS MAIDEN	a	U.S.
13. FATHER'S NAME		14. MOTHER'S MAIDEN	MAME	
Unknown			Smith	
S. Wos Deceosed Ever in U. S. Armed	Forces? 16. SOCIAL	17. INFORMANT	partir da BB & A	ADDRESS
(Yes, no or unknown) (If yes, give wor or	dates of service) SECURITY NO			
			snes 1518/	v. Bethel Street
18/143 X I	CA	USE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION		1	0 1	
LEADING TO DEA	TH (A)	Intracional.	Kenortage	7/9/67
(This does not mean the mode heart failure, asthenia, etc. It me		TO milled		
injury or complication which caus		, , , ,	0 11	
ANTECEDENT CAU	SES (B)	Hyperterne	C Vollsedne	- Nava
DISEASES OR CONDITIONS,	if any siving	TO /		
rise to the above cause (Introcupation of meligible to styperterme arthrosless	is den	Meda
UNDERLYING CONDITION last.				
_ 11				
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT R				
DISEASE OR CONDITION CAUSIN				
	ONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes	or No. 208, IF YES, WE	RE FINDINGS CONSIDERED CAUSES OF DEATH?
EO ""			SERIII III III	and the state of t
OR CONTRIBUTING CAUSE OF		Y (e.g., in or obout 21 C. WHERE D	ID (If in Boltin	more City, give exact location)
▼ DEATH (notify medical examiner)	etc.)	omeo orași, iris o ki o C C C		
21 D. TIME (Month) (Day) (Ye	ent) (Hour) 21E INJURY OCCURR	FD 21F HOW DI	D INJURY OCCUR?	
OF INJURY		of While	J JOK! OCCOR:	
(APPROX)		t Work		
22. I certify that (I) (this hospi	ital) attended the deceased from	7/28	19 6 7 to	9/2 1967
that (1) (we) last saw the dece	ased alive on	9/2-1067		oplnian death accurred on the c
				opinion death accurred on the (
	stated above. (I) (We) (dtd) (did	nat) view the body ofter de	oth.	
23A. SIGNATURE	2. 1 11			23B, DATE SIGNED
al	mach M.	D. Attending Med. Director	Stoff Phy s.	9/3/12
23C. PHYSICIAN'S	-	23D. ADDRESS	I.C.	112/0/
NAME (Type)		M.D. 7 E & A	0 (+	B. At ml and
Dr. Allan Mac		- East 100	act of	and mid with
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY			(City, town, or county) (State
Burral 9/61	67 Mt. Calvan	cem.	Anne Atun	del cty, Ma
SA. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	2SC. FUNERAL DIRE	CTOR	ADDRESS
SEP 5 196	7 00 00 00 0 00	and Whange Com	Manch a.	28 E. North Av
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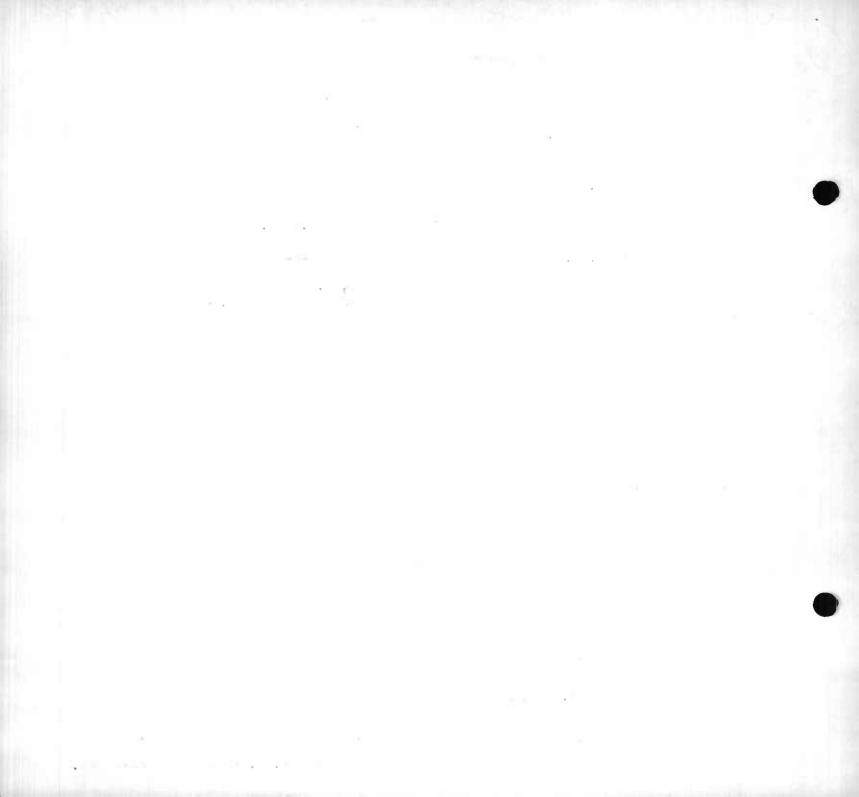


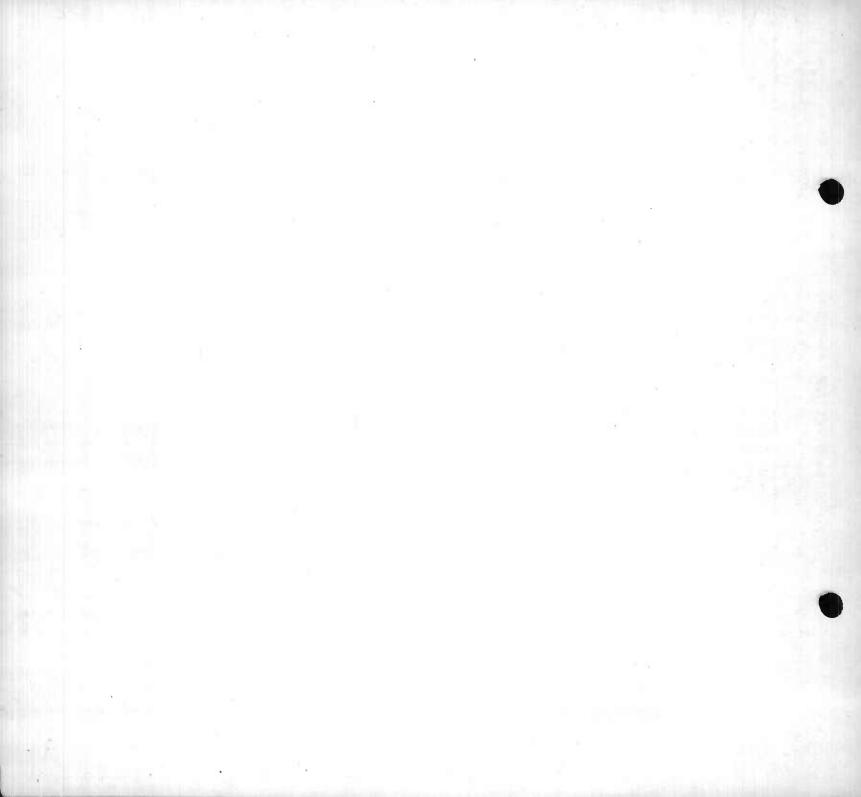
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BALTIMORE CITY HEALTH DEPARTMENT









IMPORTANT

DIRECTOR:

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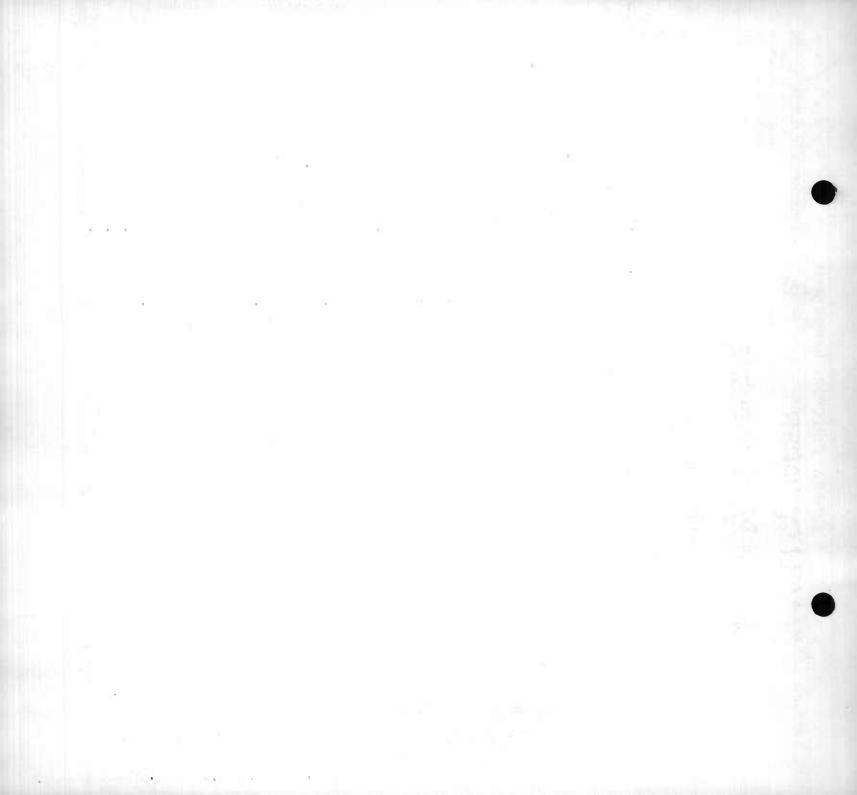
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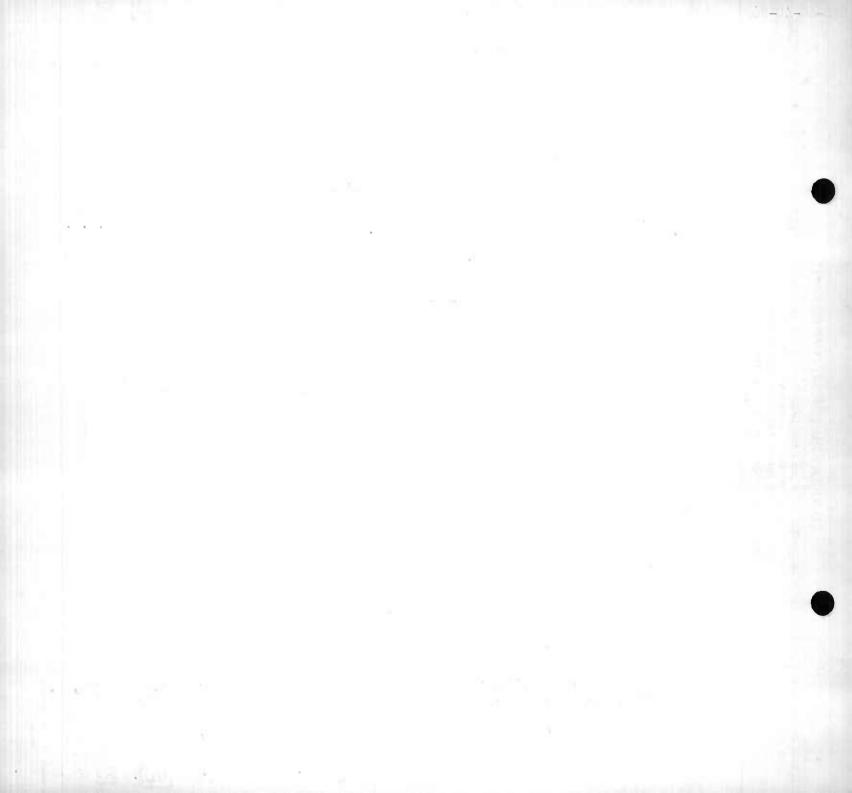
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INTERVAL BETWEEN

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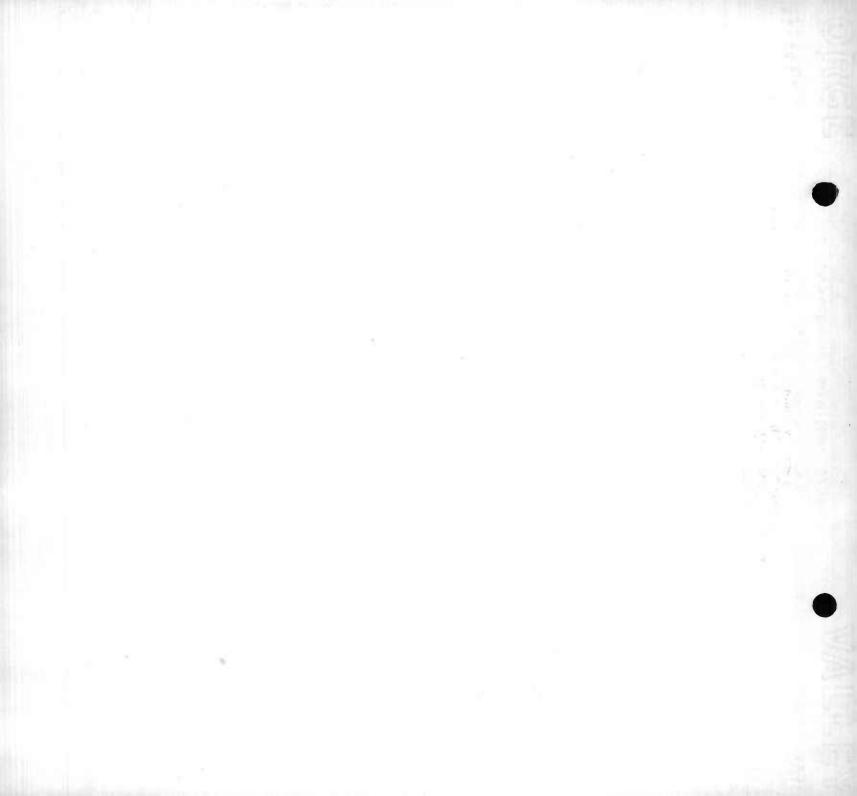
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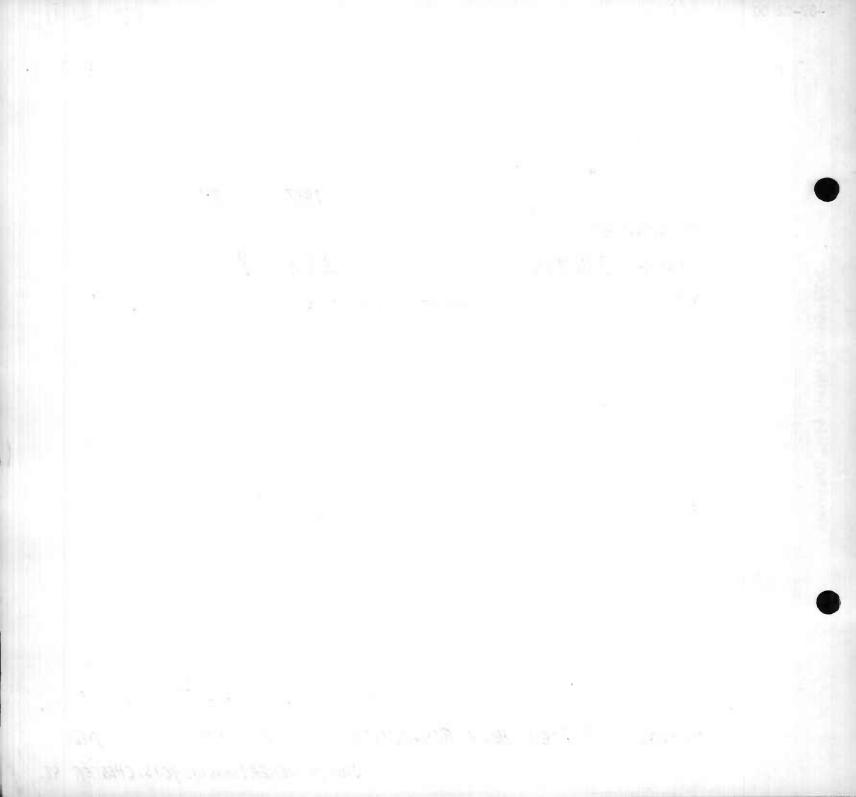
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James W Neller Johns Hopkins Hasportal State Sail

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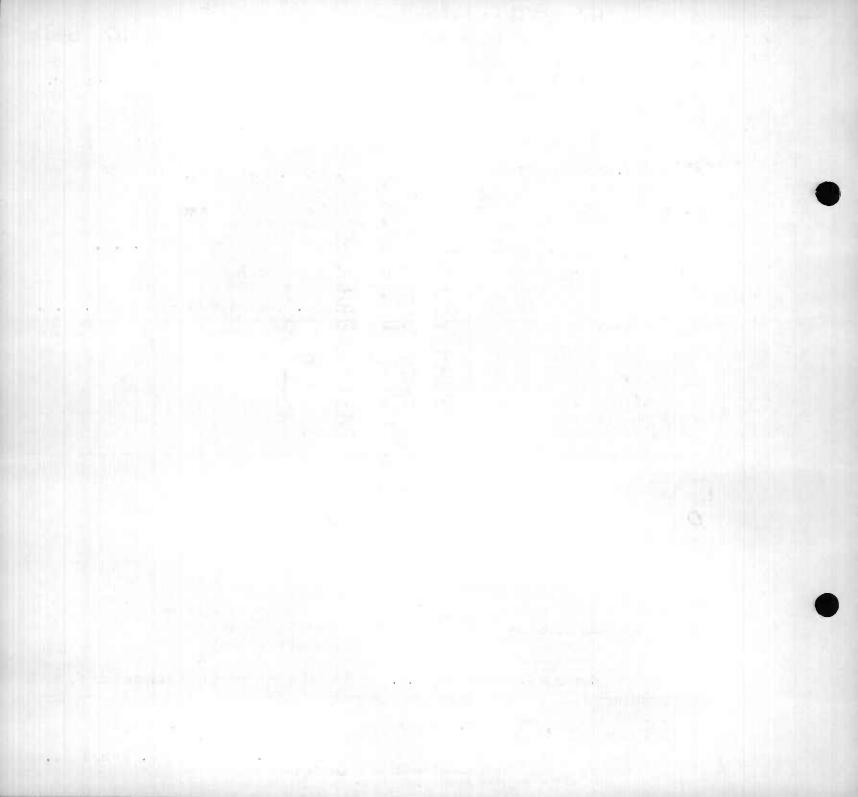


hetter from City or estals MH.



MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 8431

M.	E. CASE NO.									
1. NAME OF DECEASED (Type or Print) MARY FORD						HOUR PRONOUNCE		10.5	2 4	
							ber 2, 196			3 A. M.
3. 1	LACE IN BALTI	MORE, MARYLAND, W	HERE PRONOU	NCED DEAD	A. STATE		eceosed lived. If insti B. COU	Itution: resid	lence belo	re odmission)
FU	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET			TON, GIVE STREET	Maryland C. CITY OR TOWN (II outside corporate limits, write PURAL and give township)					
IN S	SPITAL OR	ADDRESS OR LOC.	A TION)				corporore minus, wine	/X-		77
					Baltimore / O				£	
	00 867	W. Fayette	Street		D. STREET ADDRESS (Il rurol, give locosion) 867 W. Fayette Street					
5. 3		. RACE		NEVER MARRIED	8. DATE OF BIR		9. AGE (In years		1 V. IC I	Jnder 24 Hrs.
5. :	EX C	. RACE		DIVORCED(specify)	S. DATE OF BIK		lost birthdoy	Months	Doys H	ours Min.
	Female	Negro			7/3/0	4	63	10 0100		
		PATION (Give kind of wor orking life, even if retired)	KIOB. KIND OF	BUSINESS OR INDUSTR	Y 11. BIRTHPLACE	(State or foreign	country)	12. CITIZE	T COUNT	RY?
					Virginia U.S.A.					
13.	FATHER'S NAME					MAIDEN NAME				
		Unknown				ie Brow	n			
		If yes, give wor or dot		16. SO CIAL SECURITY NO.	17. INFORMANT ADDRESS					
					James	H. Thom	as 9902-1	L99th	St.	N.Y.
	1B.	0.0.	1	CAUS	E OF DEATH		N N			L BETWEEN
	DISEASI	E OR CONDITION D	IDECTI V						UNSEL A	ND DEATH
		LEADING TO DEAT	Н	(A) Arte	eriosclero	tic hear	t disease			
	(This does no heart loilure,	of meon the mode of osthenio, etc. It meon	f dying, e.g., s the diseose,	DUE TO						
	injury or com	plication which coused	deoth.)							
	1A	NTECEDENT CAUSE	S	(0)						
	DISEASES O	R CONDITIONS, IF	ANY, GIVING	DUE TO						
		G CONDITION LAST.								
Z				(C)						
FA	OTHER SIGN	II IFICANT CONDITIONS	CONTRIBUTION	ic.						
S S	TO THE	DEATH BUT NOT RE	ELATED TO T							
CERTIFICATION	19A. DATE OF	OPERATION 1198 COL		WHICH OPERATION	20A. AUTOPS	Y? (Yes or No) 2	OB. IF YES, WERE FI	NDINGS C	ONSIDERE	D
S	0		RFORMED	WILLIAM OF EXAMEN			N CERTIFYING CAU			
14	21 A. EXTERNAL	CAUSE WAS	218.	PLACE OF INJURY (e.g.,	in or obout 21C.	WHERE DID (IF	in Boltimore City, gi	ive exoct le	cotion)	
S	UNDERLYING UTING CAUS	OR CONTRIB-	home,	PLACE OF INJURY (e.g., form, foctory, street,	office bldg., INJU	RY OCCUR?	,,,,			
MEDIC				A COUNTY OF COUNTY	015	IOW DID INTUIN	V 0.661102			
-	OF INJURY	(Month) (Doy) (Yes		E. INJURY OCCURRED		HOW DID INJUR	(OCCUR?			
(APPROX.) WHILE AT NOT WHILE 22.										
						1				
		ed from: Natural co	CTT	ccident Suici			ndetermined mann			
	193011	A.	1	Sore.		MEDICAL EXA				
	ACTUAL	Chel		1 -		MEDICAL EXA	v		DATE	SIGNED
	SIGNATU		-0.0	M.I	/ 0					
	EXAMINE NAME (T	ype)		ingate, M.D.		MEDICAL EX				3, 1967
	MOVAL (Specify)		23	C. NAME OF CEMETERY	or CREMATORY	23D. LO	CATION (City	, town, or c	county)	(Stote)
	Burial	9/7.	\$87	Mt. Auburn		Ba	ltimore,	Mary	land	
24	A. DATE REC'D			OF REGISTRAR	24C. FUNE	RAL DIRECTOR		A	DDRESS	
		OFR F 400	7 00	0 0 Ton -	Char	les A.	Rice 661	W. B	arre	St.
		2FL 9 130	11 (1)	TE STONEOM	40 8					
VS	151-REV. 1/1/6	5								



BIRTH NO. 67	0400	ATE OF DEATH Registered Na	67 8432
M.E. CASE NO.	CERTIFICA	2, DATE AND, HOUR OF DEATH	Hospin
B. PLACE OF DEATH IN BALTIMORE, MAI	YLAND	4. USUAL RESIDENCE (Where deceased lived, II A. STATE B. COUNTY	institution: residence before admission)
FULL NAME OF (If not in hospital of HOSPITAL OR oddress or location	r institution, give street	Maryland Baltimor	
101-07-7-17-0-11	Munning Hom	C. CITY OR TOWN (If outside city limits, write Baltimore D. STREET ADDRESS (If rurol, give local)	RUBAL ond give township)
90	0	5420 Fairlawn Avenue	
SEX M. 6. RACE White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specily)	B. DATE OF BIRTH 9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
0A, USUAL OCCUPATION (Give kind of work	Widower 108, KIND OF BUSINESS OR INDUSTR	2-13-1884 83	12. CITIZEN OF
one during most of working life, even if retired)		Commons	WHAT COUNTRY?
Real Estate Broker 3. FATHERS NAME		Germany 14. MOTHERS MAIDEN NAME	USA
A LATTICA S INCOME		THE MOTIES OF THE PARTY	
Christian Gran		Hamberger	
S. Was Deceased Ever in U. S. Armed Ford (es, no or unknown) (If yes, give wor or dote:		17. INFORMANT	ADDRESS
NO		A Kurt J. Gran-5420 Fair	lawn Ave.# 15
18.42011		OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIR	ECTLY	4.1	ONSET AND DEATH
LEADING TO DEATH	(A)	Myocard, al Infar Anteriose lives is - 9 e.	arin .
(This does not mean the mode of heart failure, asthenia, etc. It means	dying, e.g., DUE TO		
injury or complication which coused	deoth.)	A whomosel were - a a	
ANTECEDENT CAUSES	(B)	14 NAC11031 (1143) 7 E.	nera/
DISEASES OR CONDITIONS, IF			
rise to the obove couse (A)			
UNDERLYING CONDITION loss.			
OTHER SIGNIFICANT CONDITIONS CONTINUES TO THE DEATH BUT NOT RELA	TED TO THE		
DISEASE OR CONDITION CAUSING I	DITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examine)	218. PLACE OF INJURY (e.g. home, lorm, loctory, street, etc.)	, in or about 21C. WHERE DID (If in Boltimolifice bldg., INJURY OCCUR?	ore City, give exact location)
O 21D. TIME (Month) (Doy) (Year)	(Hout) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
ĕ OF INJURY (APPROX)	While At Not W		
(AFFROA)	Work L At Wo		1 1
22. I certify that (I) (this hospital	PI / a / a -	8/2/ 19 67 to 9/	2/6/2 19
that (1) (we) last saw the decease	d alive an 7 30 67	19and that fn(my) (aur) a	pinian death accurred an the da
and have and from the causes stat	ed abave. (1) (We) (did) (did nat)	view the bady after death.	
23A. SIGNATURE			23B, DATE SIGNED
09/	M.D. A	ttending Med. Stoff Phys.	9/11/12
23C. PHYSICIAN'S	Herman .	23D. ADDRESS	176/
NAME (Type)	6		No M
Harrys-	reuerman M.C	- 11 - 101	15 Are
4A. BURIAL CREMATION, 4B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY of C	REMATORY 24D. LOCATION	City, town, or county) (State)
Cremation 9-6-67	Loudon Park (Cemetery Baltimore, N	Maryland
SA. DATE REC'D RY HEALTH DEPT.	238. NAME OF REGISTRAR	2SC. FUNERAL DIRECTOR	ADDRESS
ATI A 1201	Toler E. Jake MA	Ellsworth Armacost-460	O Liberty Wahta A
/S 150-REV. 1/1/6S	T 4 / ()		Thought Halles H

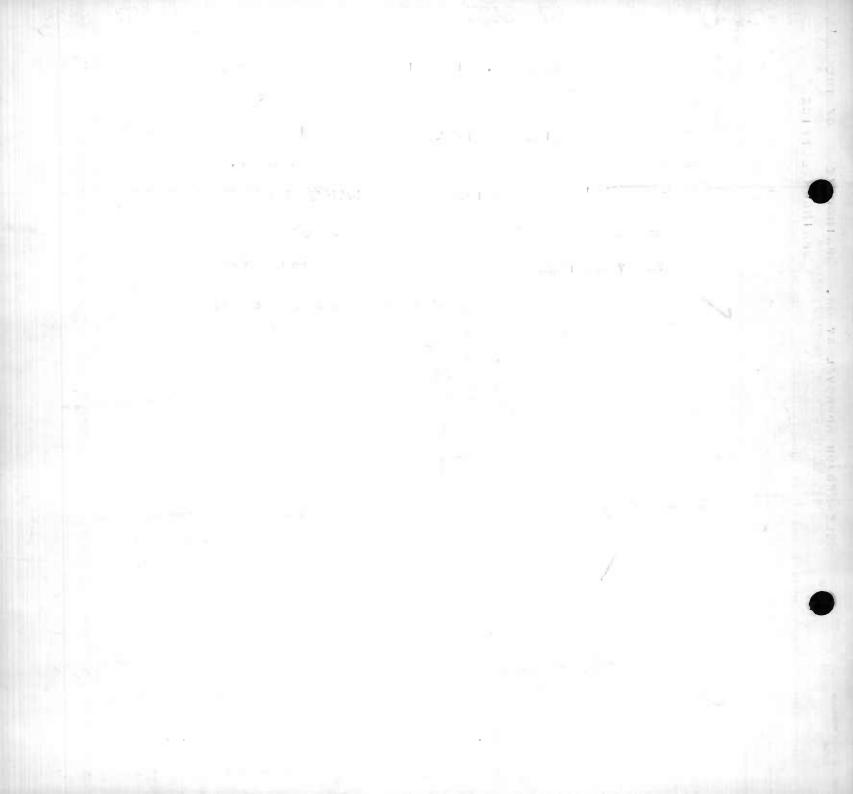
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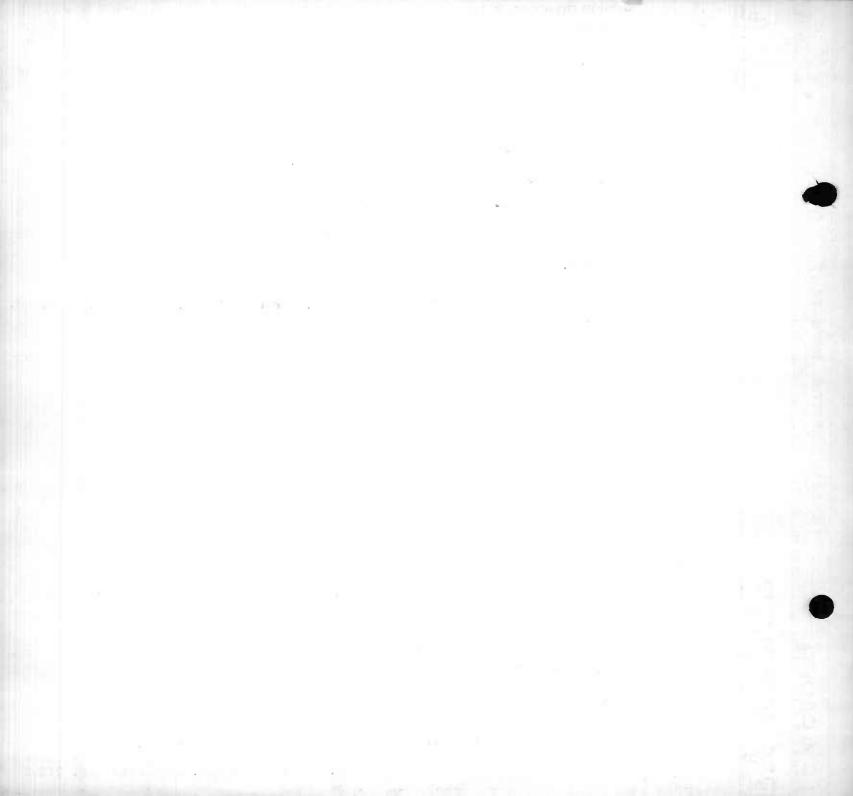
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n m-2/s	6/ 8430	ATE OF DEATH Registered No. 67 8435
and and the the	M.E. CASE NO. 1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
_ D 0 E	(Type or Print)	9-1-67 4:20 PM M.
五 中 中 中 中 中	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission) A. STATE B. COUNTY
TE ospi	FULL NAME OF (If not in hospital or institution, give street	New YORK
F OE SOB	HOSPITAL OR oddress or location)	C. CITY OR TOWN (ff outside city limits, write RURAL and give township)
Ca	THE JOHNS HOPKINS HOSPITAL	CORNING /-29
C C C C C C C C C C C C C C C C C C C	2 2	D. STREET ADDRESS (If rurol, give location)
de a de	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs.
occurribute regularisma	FEMALE WHITE MARRIED	SHXDHAST 11/4/26 40 Months Doys Hours Min.
	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR' done during most of working life, even if retired)	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
R L S inde	Housewife Own Home	Pennsylvamia
SPR if dea to Unc was was	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
H Fill Se Lis	ANTHONY KAZISKA	BERTHA ASTLE
-0 # 0	15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
RTA ssist the the de de fina	178-20-7304	Hospital Records
O DE LOPO	18. 4 / 0 / 1 CAUSE (DF DEATH INTERVAL BETWEEN ONSET AND DEATH
MP his so, of our of our ten	DISEASE OR CONDITION DIRECTLY	MITAR SENOSIS 17me.
- PA SEE	(This does not meen the made of dying, a., 2 (QUE TO	FITTING CHENCETS
R: R: Ctu	hearf failuse, asthenio, efc. If means the disease, injury or complication which caused death.	
00 EE 5 3 F		neunstic HEART DISEASE 17 you
Xan Xan Xan Af Af who	DISEASES OR CONDITIONS, if any, Giving 2	
RE ex	rise to the above cause (A) stating the 2 (C)	
DN L DI Bedical Jical Jical Jical Vicial Vicial		
4 -0 0	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	
NER hief m a me sody be phe phe siciar	A DISEASE OR CONDITION CAUSING IT.	[20A. AUTOPSY? (Yes or No.)] 20B. IF YES, WERE FINDINGS CONSIDERED
	WAS PERFORMED FOR MESSIS	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
FU by	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.,	in or obout 21C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR?
No of o	OF CONTRIBUTING CAUSE OF home, form, foctory, street,	
d b spire	OF INJURY (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
ho ho nat	(APPROX.) While At Not Wh	ile
by your	22. 1 certify that (1) (this haspital) attended the deceased from	8/24 196210 9/1 1967.
app to to to to of are	thot(1) (we) lost saw the deceosed olive on	19 and that in(my) (our) opinion death occurred on the date
9 0 9 7 7	ond hour and from the couses stated obove. (1) (We) (did) (did not)	view the bady ofter deoth.
eased ident hospit	23A. SIGNATURE	23B, DATE SIGNED
J 0 .=	T. 1/ scarge, M.D. Ph	tending Med. Stoff Phys. 9/1/67
0 - 0 - 5 >	23C, PHYSICIAN'S NAME (Typel	23D. ADDRESS
certificate m body was rel 7s. (1) An acc D.O.A. at a l ased prior to	F. J. SCARPA M.D	JOHNS HOPKINS HOSPITAL
E # 0 0 5	24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY or CI	REMATORY 24D. LOCATION (City, town, or county) (Stotel
bod bod ws:	Burial 9/6/67 St. Mary's	Corning, N.Y.
This cert the body shows: (1) was D.O decease	258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
F + w > 0 >	SEP 5 19671102 B. R. E. STOLLINE	This Cook Breeks Bullings Md 21202



1. NAM	ASE NO.		6 CERTIFICA			67 843	36
(Type or	Print) William H. Vict			Sep	t 1, 1967		M
3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospitol or institution, give street address or lacotion)				4. USUAL RESIDENCE (Who A. STATE B. COUN Md	TY	nstitution: residence before o	idmission)
INSI	90 Midtown He	me 18 St. Pg	ul St	Baltimore D. STREET ADDRESS (IF		- 02	
5. SEX	6. RACE	WIDOWED	NEVER MARRIED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under Months Days Hours	er 24 Hrs. Min.
	UAL OCCUPATION (Give kind of war ring most of warking life, even if retired)	k 108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore Maryland	gn country)	12. CITIZEN OF WHAT COUNTRY?	
13. FATE	HERS NAME William P. V	ick		14. MOTHERS MAIDEN NAM		Upa	
	Deceased Ever in U. S. Armed Fo arunknown) (If yes, give wor or dat		16. SOCIAL SECURITY NO.	Marie J. Pieper		ADDRESS	
DIS tise UN	ANTECEDENT CAUSE ANTECEDENT CAUSE SEASES OR CONDITIONS, if a to the above couse (A) HDERLYING CONDITION lost.	ony, giving stoting the	(B) DUE TO C	en, arten gebrel a lendery	selun	Com	
ATIO		ATED TO THE		20 A. AUTOPSY? (Yes or No	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?	
~	A CCIDENT WAS UNDERLYING	7 210					
F DEA	A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF ATH (natify medical examiner)	hom etc.)	PLACE OF INJURY (e.g., i e, farm, factory, street, al	or about 21C. WHERE DID INJURY OCCUR?	(If in Baltimar	e City, give exact location)	
OR DEA	CONTRIBUTING CAUSE OF ATH (notify medical examine) OTIME (Month) (Doy) (Year) PROX.)	(Hout) 21 E.	INJURY OCCURRED	21F. HOW DID INJ		e City, give exact lacation)	
OR DEA	ATH (notify medical examine) TIME (Month) (Doy) (Year) INJURY PROX.) I certify that (I) (this haspital it (I) (we) last saw the deceas	(Hour) 21E. Whi War II) attended the	INJURY OCCURRED le Al	21F. HOW DID INJ	URY OCCUR?		,6)
OR DEA	ATH (notify medical examiner) D. TIME (Month) (Doy) (Year) INJURY PROX.) I certify that (I) (this haspita	(Hour) 21E. Whi War II) attended the	INJURY OCCURRED le Al	21F. HOW DID INJ 19 2 and the lew the bady after death. 23D. ADDRESS	URY OCCUR?	y - 15	,6)
OR DEA DEA 21D OF (AP 22. tha and 23A 24A. BU RE B	ATH (notify medical examine) O. TIME (Month) (Doy) (Year) INJURY PROX.) I certify that (I) (this haspite at (I) (we) last saw the decease I have and from the causes store. SIGNATURE LULLAL C. PHYSICIAN'S NAME (Type) UIII AND App.	(Hour) 21E. Whi Wor world) attended the ed alive an	INJURY OCCURRED Ic At Not Whith At Work In deceased from	21F. HOW DID INJ 19 2 and the lew the bady after death. 23D. ADDRESS 5501 Pank	ocation (C	inian death accurred an 238. DATE SIGNED 9/4/6> Dr. ity, town, or county)	,6)



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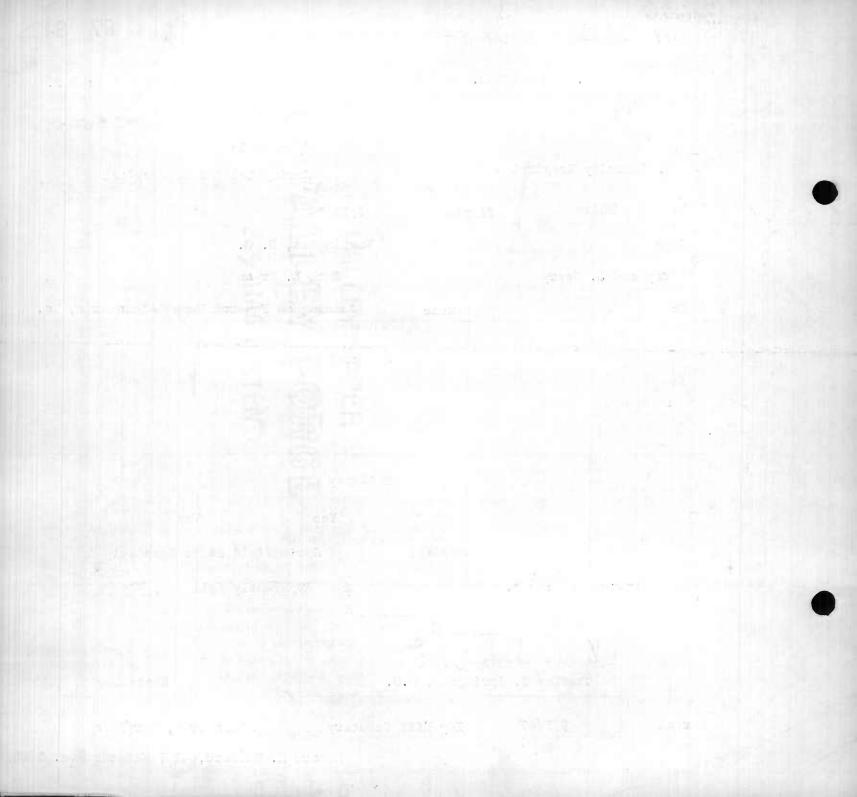
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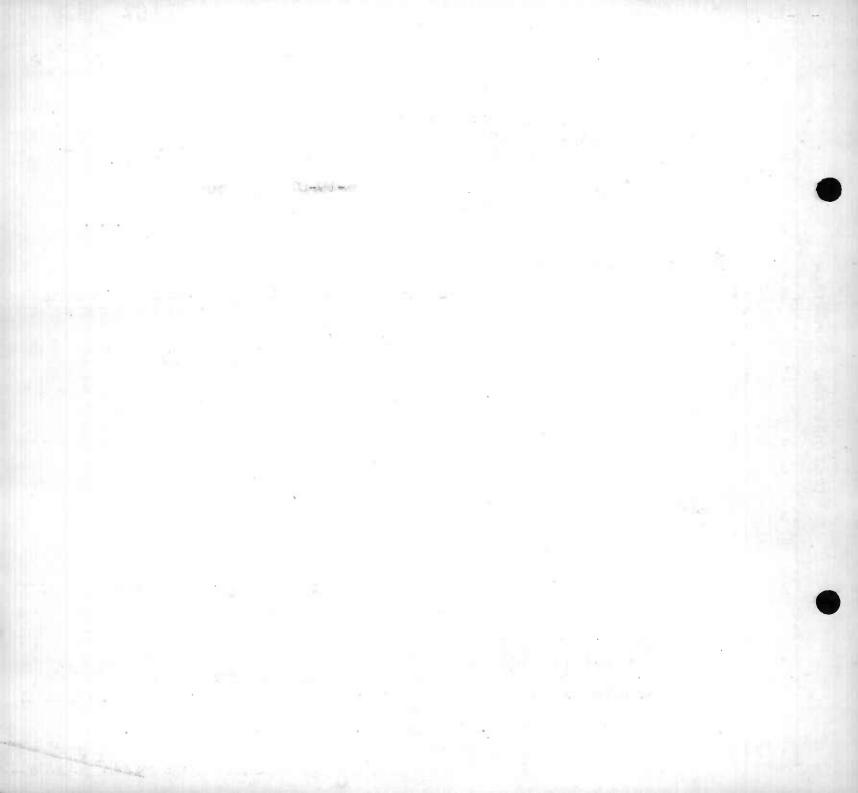
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PARLO E. PIGG.





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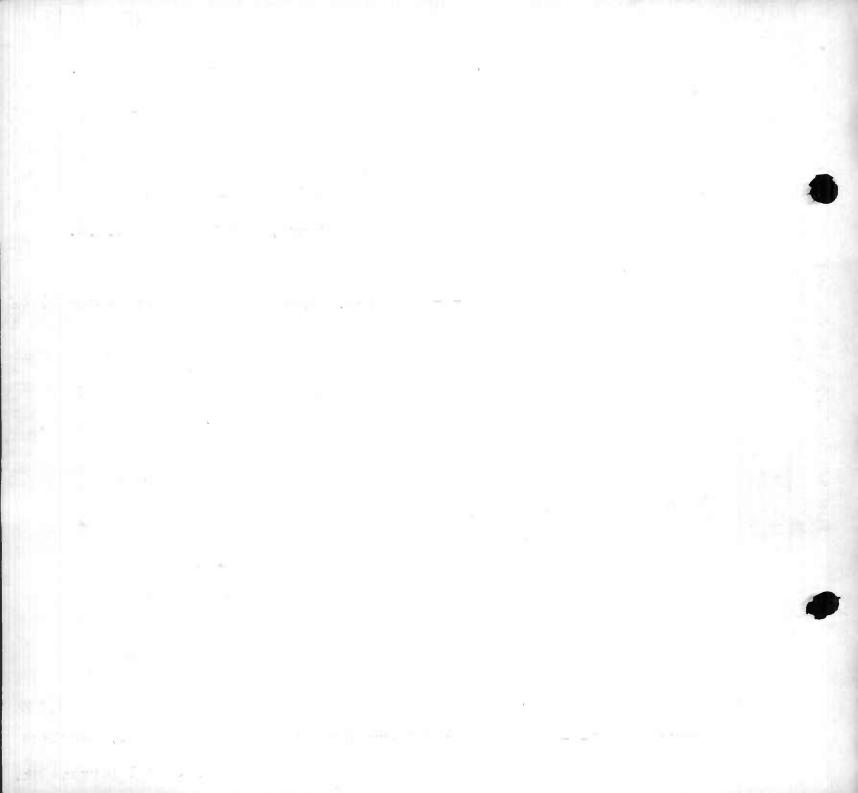
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BALTIMORE CITY HEALTH DEPARTMENT

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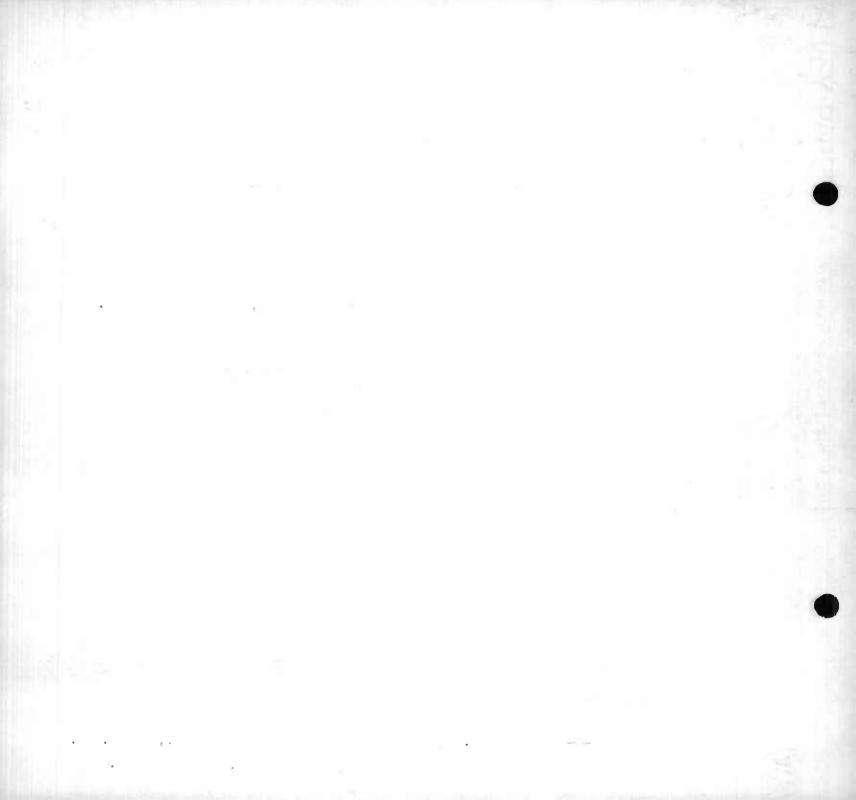
BIRT	TH NO.		WEDI	CALEX	AMINER 5 C	EKTIFICA	TE OF L	JEA I H Registe	ered NaJ		. Jiji selka
	E CASE NO.										
1. I (Ty	NAME OF DEC	CEASED					2. DATE AND	HOUR PRONOUNC	ED DEAD		
	ROY				WALKER		Sept	tember 3, 1	967	10:50 A	• M.
FUI	LL NAME OF SPITAL OR TITUTION	(IF NOT II		L OR INSTITU	TION, GIVE STREET	A. STATE Maryla	a nd	deceosed lived. If ins B. COI	UNTY		
3 9 Provident Hospital							more DRESS (If rurol, Callow A		5-	02	
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED						B. DATE OF BI		9. AGE (In years lost birthdoy)		r 1 Yr. If Under	
Male Negro MARRIE				4-15-	1919	48	Monms	Doys Hours	, Min.		
IOA	USUAL OCCI	PATION (Give	kind af wark		BUSINESS OR INDUSTR	Y 11. BIRTHPLAC	E (State or foreign		12. CITIZ	EN OF	
don	A Dore		if retired)	Roth	STOOL	Pla	homb	0	WHA	T COUNTRY?	
13.	FATHER'S NAM			DETT	01001	14. MOTHER'S	MAIDEN NAME			41011	-
	Aln.	1/7-	4/0	Ikar		/	111	alk			
15.	WAS DECEASE	D EVER IN U.	S. ARMED	FORCES?	16, SO CIAL	17. INFORMAN	14 00,	giner	ADDRES	S	
	No.				SECURITY NO.	Mes. Li	le Wal	Kep 210	39 A	MAllow	J
	18,	14.			CAUS	E OF DEATH				INTERVAL BE	
	DISEAS	SE OR COND	ITION DID	FCTI V						ONSET AND	DEATH
	DISEA	SE OR COND LEADING T	O DEATH	ECILI	Massiv	e Sponta	neous Por	ntine Hemor	rhage		
	heori failure,	not meon the , osthenio, etc. mplication whic	II means	the disease,	DUE TO	£	••••••				
						'e					
		OR CONDITION		IV CIVANO	(8)					×	
	RISE TO TH	OR CONDITION	JSE (A) ST		DUE TO						
7	UNDERLYIN	NG CONDITIO	ON LAST,		(C)						
Õ		11	_								
CERTIFICATION	TO THE	NIFICANT COI DEATH BUT R CONDITION	NOT REL	ATED TO T							a tama a a simuu araninija
ERT	19A. DATE OF	and the same of th	198, CONE	TION FOR	WHICH OPERATION	20A. AUTOP		20B. IF YES, WERE FI			
	21		WAS PERF	OKMED		Yes		IN CERTIFYING CAU	2E2 OF DE	EATH?	Yes
MEDICAL	UNDERLYING	OR CONTRIB.		21 B. home etc.)	PLACE OF INJURY (e.g., form, foctory, street,	in or obout 21 C. office bldg., INJU	RY OCCUR?	If in Boltimore City, g	ive exoct le	ocotion)	
Σ	21 D TIME OF INJURY (APPROX.)	(Month) (D	oy) (Yeor)		HILE AT NOT	21 F.	HOW DID INJU	RY OCCUR?			
	22.			m. V	ORK AT V	VORK					
		tify that I he	ld an In	quiry	Inspection Au	topsy X	ind that an thi	s basis, death in i	my apinia	n	
	resul	ted fram: No	tural cau	ses X A	ccident Suicio	le 🗌 Hami	cide 🗌 U	ndetermined mann	er		
CHIEF MEDICAL EXAMINER								DATE SIG	NED		
	ACTUAL		Sue	h 7	M.D	ASSISTANT	MEDICAL EX	AMINER X		DATE SIG	NED
	SIGNAT		To 1010 0 10	II Cal			MEDICAL EX			9/4/	67
	EXAMIN NAME (Type)	erner	U. Spi	z, M.D.	ASSOCIATE	MEDICAL EX	Zaninen _			
	BURIAL CRE	MATION, 238	DATE	230	C. NAME OF CEMETERY	or CREMATORY	23 D. L	CATION (City	, town, or	county) (Stote)
KEA	DVAL (Specify		9-7-	67	MT AL		1	So Ida		M	./
244	DURIA-	BY HEALTH F	DEPT.	24B. NAME	OF REGISTRAR	24C. FIIN	ERAL DIRECTOR)H +C .		ADDRESS	1.
-4/	TO ALL NEC D	OFP B			988	A)		17	1	
		8FL 0	1967 (Pole to	E. Jallemas	MOR	TON & D	WETT FYN	J. H.	1701 LAG	RENG
VS	151-REV. 1/1/	45		100		0 0		1			

Beens 9-7-67 MT. Abbien Bally



2. 8. All the sections were the second to the and the finding Car the first Mind of the second section will

5-5-55	BIRTH NO. M.E. CASE NO. BIRTH NO. CERTIFICATE OF DEATH Registered No. 67 8444
of deat becease e on th	1. NAME OF DECEASED (Type or Pith) (Type of Pith) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 14. USUAL RESIDENCE (Where deceased lived, II institution; residence before odmiss
l in a hosp ng cause cause; (5) attendanc ior to dec	FULL NAME OF HOSPITAL OR INSTITUTION Grant Security Hospital or institution, give street oddress or location) Bon. Secure Hospital C. CITY OR JOWN (If outside city limits, write RURAL and give township) Bon. Security Security Country D. STREET ADDRESS (If rural, give location)
ccurred ntributi mined gular sed pr made.	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specily) B. DATE OF BIRTH 9. AGE (In years widowith a possible birthdoy) Months; Doys Hours; Min OA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF
ced ced	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) A OUSCUPE OF WHAT COUNTRY? A OUSCUPE OF THE STATE OF WHAT COUNTRY? 13. FATHER'S MAME 14. MOTHER'S MAIDEN NAME
nt if deat direct or ; (4) Unde th was ir n the de dispositio	Berund Lettau Hella Schadel
nd nd	15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (III yes, give wor or doles of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Bernard Degnan, 2220 Christian St.
o, if fany fany nced enda	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
K: ner o er. / cture pron	LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving
l examiexamexamexamexamexamexamexamexamexamexam	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obave couse (A) stoling the UNDERLYING CONDITION last. (B) DUE TO HEART DISEASE (C)
edicalicalicalicalicalicalicalicalicalical	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
chief mesy a meson by a meson beat but the physician retre re	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Ye) or No. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (II in Boltimore City, give exact location)
by the sital by re; (2) where No ph	OR CONTRIBUTING CAUSE OF home, form, foclory, street, office bldg., INJURY OCCUR?
oved be hosp and cept void (6)	While AI Not While AI Work
t be appresed to the sed to the sed to the sent of any spital (exeath); are ust be obtained.	22. I certify that M (this haspital) attended the deceased fram 1967 to 1967 to 1967 that M (we) last sow the deceased clive on 1967 and haur and fram the causes stated above. (I) (M) (did) (did soft) view the bady after death.
mus refea ccide a ho to d	23A. SIGNATURE M.D. Attending Med. Director Phys. 238. DATE SIGNED 9/2/67
certificate m body was rel 75: (1) An acc D.O.A. at a l nased prior to	NAME (Type) KYE YOUN KIND, 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote
Sod Dod D.C	REMOVAL (Specify) Burial 9-7-67 Balto. Bational Cemetery Frederick Ave., Balto. Md. 25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR 25C, FUNERAL DIRECTOR. ADDRESS
This the I show was dece	SEP 5 1967 R. & Flygn & Wenning, 1422 Light St. 30



IMPORTANT

DIRECTOR:

FUNERAL

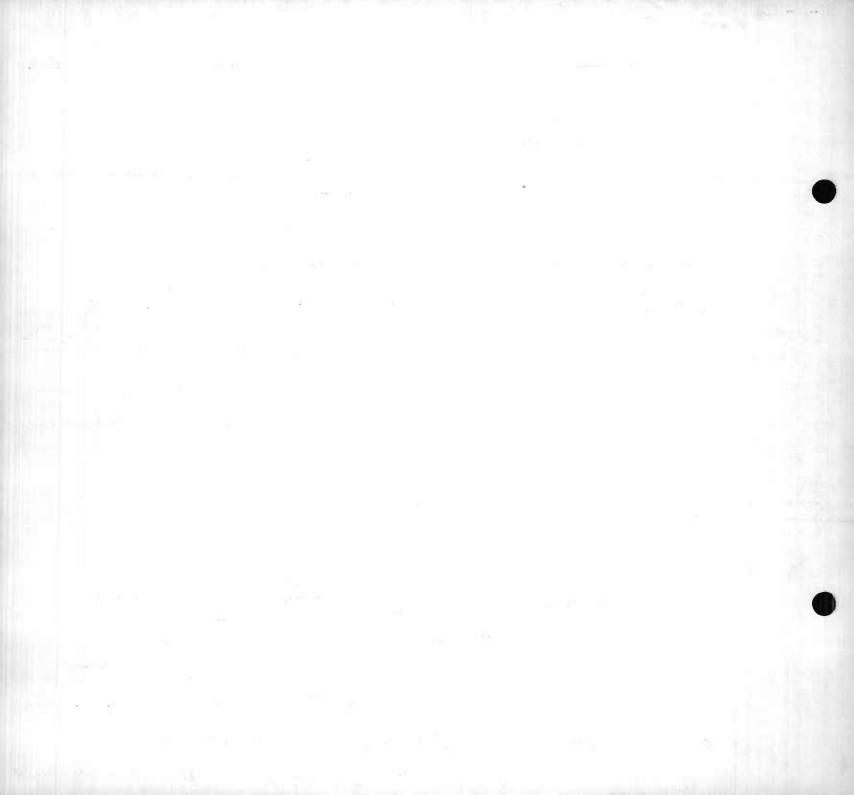
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	2-33/			67	RAAC		HEALTH DEPARTM		67	8446
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	of death of death Deceased e on the ith. Such	1. N	E CASE NO.	0			2. D	ATE AND HOUR OF DEATH	1	
	- d d	(Тур	pe or Print)	Gie STR	DUT			8/30/67		4300 4
	The Dot	3. 1	PLACE OF DEATH IN BALTIA	AORE, MARYLA	AND		4. USUAL RESIDENCE	E (Where deceased lived, If	institution: residenc	e before odmission)
	S 000	١,	FULL NAME OF (If not i	n haspital or in	stitution, give stre	et.	ND.		mal	Ps Co
-	a hor cause se; (5) andan to de	1		or location)	one give suc		C. CITY OR TOWN	(If outside city limits, write	RURAL ond give	township)
3	in a l g cau ause; ttend		· University	y th	DSPITAL		BALTIM		33	-00
St. Co.	i g c c c c c c c c c c c c c c c c c c		38				D. STREET ADDRESS	1 1 - 1	.0	
70	ar a de	5. 5	SEX 6. RACE	7 4	MARRIED, NEVER	AA A BRIEFO	B. DATE OF BIRTH	11.	ve.	
6	contributed on regular	J. J	= W	/. ;	WIDOWED, DIVO	RCED (specify)	OFFT U 19	9. AGE (In years lost birthdoy) 73	If Under 1 Yr. Months Doys	If Under 24 Hrs. Hours Min.
	oon oon re- re- re- re- re- re- re- re- re- re-	10A	USUAL OCCUPATION (Give	kind of work 10B.	WID OF BUSIN	ESS OR INDUSTRY	11. BIRTHPLACE (State		12. CITIZEN O	E
7	de in de con on on on	don	e during most of working life, ever	n if retired)				P.	WHAT CO	UNTRY
7	Jnc Jnc sitis	13.	HOUSE WIFE				14. MOTHER'S MAID			U.S. H.
-	if of the the the the the	1.50	7	,			14. MOTHER'S MAID	EN NAME		
△ 5	dis	16.1	/	A				3		
HEODRIAN	stantie di ind; eath e on	(Yes	Was Deceased Ever in U. S. s,no or unknown) (If yes, give	wor or dotes of	service) 6. SE	CIAL CURITY NO.	17. INFORMANT		ADDR	ESS
0	ssis that definite		NO -		\$ 218	127 4095				
TO	s a if any any ced		18.464XIV	-171	(B)	CAUSE O	F DEATH			AL BETWEEN
2	So of of of of of of		DISEASE OR COND		180	ASSENCE OF THE TOTAL OF THE TOT)	6. 00 11.	1	1.0.00
27	PA 5 5 E		(This does not mean the	mode of dyin	ng, e.g	A DUE TO	ULMODALY	Onbousn		Your
(7	ortu ctu		heart foilure, osthenio, etc.	If means the	dispose	- T	itromboppie			
, 0	franin		ANTECEDENT	CAUSES	1 8	(B) 1	HOMBOPALE	BITI	1 (week
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2	S = 3		rise to the above ca		ling the	(C)	***************************************)		
DIRE	lica cal ns; ns; icia as		11	- 10311	31					
0 7	medica herns burns physici an was	NO	OTHER SIGNIFICANT CONT	DITIONS CONT	TRIBUTINE		-	- 0		
2	f m me y b ph ian	ATIO	TO THE DEATH BUT I	AUSING IT.	12	LAncinor		te lervik		
ZER	od od	ERTIFIC	19A. DATE OF OPERATION	WAS PERFORA	ON FOR WHAT	OPERATION	20A. AUTOPSY? (Ye	IN CERTIFYING CA	FINDINGS CONS	IDERED ?
Relea	by by by shy	CER	21A. ACCIDENT WAS UND	ERLYING	218 Pare	OF INTURY (e.g., in	1 4 4	DID (If in Boltimo	re City, give exoc	1 location)
	th (2) (2) ere	-	OR CONTRIBUTING CAUS	SE OF	home form	foctory, street, of	fice bldg., INJURY OC	CUR?	ie Cily, give exoc	1000001
	7 5 9 X Z Z	U		y) (Yeor) (H		OCCURRED	215 HOW 5	DID INJURY OCCUR?		
	pt pt (6)	MEDI	OF INJURY	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	While At	Not While	e	OF HAJORT OCCOR:		
	oved e hor coept coept nd (6			4	Work L	At Work	_ /		0/3	
	pr. the any (ex		22. I certify that (I) (this			eased from 8/30	8/30	19 6) to	8/30	
	하수수교존역		that (1) (wall) last saw the					and that in (my) (ap	inian death occ	urred on the date
	st be ent ent spit deat		and hour and from the ca	uses stated o	above. (1) (35e)	(did) (didanot) v	iew the bady after	death.	loop DATE SIGN	170
	ide ide ide ide ide	H	Lolin	100	(10	M.D. Atte	ending Med.	Stoff N	238, DATE SIGN	0/67
	a con		23C. PHYSICIAN'S	curs o.	gguz	Phy	s. Directo	Stoff Phys.	0/0	0/0/
	An at at prior		NAME (Type)	CAM	1 Ac	(1 M.D.		exity that	PITAL	
	# ~ = B	24A	BURIAL CREMATION, 24B.	DATE	24C. NAME of	CEMETERY OF CRE			City, town, or count	ty) (Stote)
	ody Sec		REMOVAL (Specify) BURIAL 9	liles		LAWN		BACTON), (3101e)
	This certi the body shows: (1 was D.O. deceased		DATE REC'D BY HEALTH D	DEPT. 258.	NAME OF REGIS		25C. FUNERAL DI		Ar	DRESS
	This of the bashow was decement		CED 5	1967 10	0.01-2	Tracken as	25C. FUNERAL DI	the house	12 ches	ware
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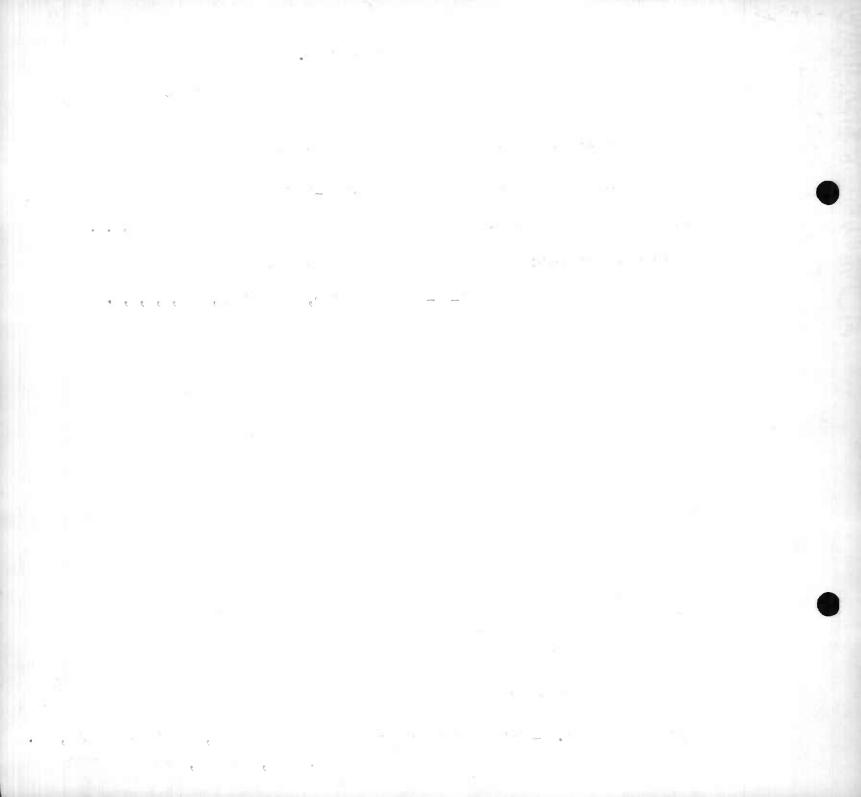
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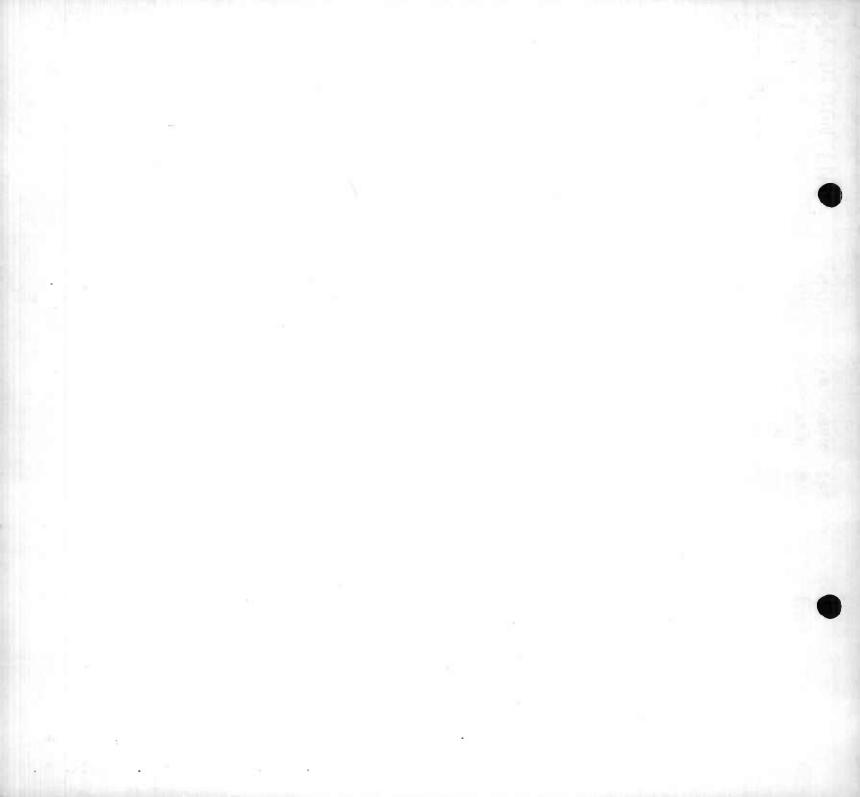
RALTE, W.D. W.D. Walls & Carle & Charles



	67	7 QAAQ	HEALTH DEPARTMENT	Registered No	67 8449
M.E. CASE NO.		CERTIFICA	TE OF DEATH		0.1.20
(Type or Print)	Jacob Sof	Jacob Sof		ptember 1	
3. PLACE OF D	EATH IN BALTIMORE, MA	ARYLAND	4. USUAL RESIDENCE (Who	ere deceased lived. It	institution: residence before admission
FULL NAME	OF (If not in hospital	or institution, give street	Maryland	Baltimo	re
HOSPITAL OF				utside city limits, writ	e RURAL and give township)
112			Dundalk		53-00
	outh Baltimore	General Hospital	D. STREET ADDRESS (III	rurol, give locotion) ca. Road	21222
. SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hr Months Days Hours Min,
Male	White	Widowed	July 1-1891	76	
	CUPATION (Give kind of wor of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stote or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?
Retired		Farmer	Poland		U.S.A.
3. FATHER'S NA	AME		14. MOTHER'S MAIDEN NA	ME	
Mat	thew Sofinows	ki	Mary ??		
5. Wos Deceos	ed Ever in U. S. Armed Fo		17. INFORMANT		ADDRESS
NO	with the yes, give wor or dor	security No. 213-07-4958	Daughter, Emma	Wills, #4	,a,b,c,d.
18. 4	201/1	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISE	ASE OR CONDITION DI LEADING TO DEATH	RECTLY		- 0 1.	
(This does	nat mean the made at	(A) V	Myocardial 1	ntaretron	trobably I week
heart failure	e, asthenia, etc. It means	s the disease,			
injury or co	amplication which caused	deam.)	marchentic Caro	I when a second	ina. Undetermine
	ANTECEDENT CAUSES	DUE TO			Probably week
	OR CONDITIONS, if the abave cause (A)	uny, giving			
	NG CONDITION last.	(6)		######################################	
E TO THE	NIFICANT CONDITIONS (DEATH BUT NOT REL	ATED TO THE			
		IT. NDITION FOR WHICH OPERATION REFORMED	20A. AUTOPSY? (Yes or N	O) 20B. IF YES, WER	E FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRI	ENT WAS UNDERLYING DUTING CAUSE OF	218. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21 C. WHERE DID	(If in Boltim	ore City, give exact location)
O 21 D. TIME	(Month) (Doy) (Year)	(Hour) 21 E. INJURY OCCURRED	21F. HOW DID IN.	JURY OCCUR?	
OF INJURY		While At Not Whil	е		
		Work At Work		1.00	
		attended the deceased from 4:10			"Pa September 1967
that (T) (we) lost sow the deceas	ed alive on September		not in (my) (our) o	plnion deoth occurred on the de
ond hour a	nd from the causes sta	ted above. (H) (We) (did) (did not)	view the body after death.		
23A SIGNAT	TURE	/			23B. DATE SIGNED
John	albert B	Allee M.D. Atte	ending Med. S. Director	Stoff Phys.	September 2 1967
23 . PHYSIC			23D. ADDRESS		304
NAME	John Albe	rt Bigbee M.D.	South Bultim	ore General	Hospital n.
4A. BURIAL CI	REMATION, 24B. DATE	24C, NAME of CEMETERY OF CR	EMATORY 24D. L	OCATION	(City, town, or county) (Stote)
REMOVAL	(Specify)				
Burial	Sept.	4-1967 Christ Luther	25C. FUNERAL DIRECTO	undalk, Bal	Ltimore County, Md.
DAIL NEC	SEP 5 1967	Robert E. Jahren			Maryland 21222
/S 150-REV. 1/1	/65		**************************************	+	- Landa



		BALTIMORE CITY	HEALTH DEPARTMENT		CHAN O Name
BIR	TH NO. 67 84	CERTIFICA	TE OF DEATH	Registered No	67 8450
	E CASE NO. NAME OF DECEASED JOHN James	Scott	D DATE AN	D HOUR OF DEATH	
	pe or Print)	es Scott		embar 1	671 11 R. M.
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND	62 20011	4. USUAL RESIDENCE (Wiles	e deceased lived. If ins	titution: residence before admission)
t.			A. STATE B. COUNT	TIMORE	18.
	FULL NAME OF (If not in hospital or institution oddress or location)	ion, give street	C. CITY OR TOWN (If out	, ,	URAL ond give township)
	INSTITUTION FRANKLIN S	SQUARE	BALT	MORE -	Dundalk 53-00
	2/ MARKLIN	2 Chumbo	D. STREET ADDRESS (If	urol, give location)	000
	J 6 HOS PIL	AL	1958	INVE	RTON RD
5.	SEX 6. RACE 7. MARR	RIED, NEVER MARRIED OWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months: Days Hours Min.
	Male White	MARKIE	1./18/28	39	
	A. USUAL OCCUPATION (Give kind of work 10B, KINE		11. BIRTHPLACE (Store or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
dor	ne during most of working life, even il retired)	AVER'S Jewele	MARY	LAARD	W.S.A.
13.	FATHER'S NAME	AVERS PERSON	14. MOTHER'S MAIDEN NAM	AE	
	NORMAN SO	OTT	MARN	500	TT
15	Wos Deceosed Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	A CC:	Dunckelles Md.
	Yes WWII		A Y W	A PEGIT	1958 missiTon
	18.420:11	CAUSE O	F DEATH	· T ()	INTERVAL BETWEEN
i.	DISEASE OR CONDITION DIRECTLY	A.A	unca dial	Intain	2 21/5
	LEADING TO DEATH (This does not meen the made of dying,	e.g., DUE TO	go con al	I'T willes	u 3 0.16 3
	heart failure, asthenia, etc. Il means the dise	ose,	/ a	/	
	injury or complication which caused death.)	(8)			
	ANTECEDENT CAUSES	DUE TO	هنده و المستقدم و الم	***********************************	
	DISEASES OR CONDITIONS, if ony, girise to the above cause (A) stoting				
	UNDERLYING CONDITION last.	107 00000000000000000000000000000000000			
	II				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTO THE DEATH BUT NOT RELATED TO				
AT	DISEASE OR CONDITION CAUSING IT.		20A. AUTOPSY? (Yes or No	OAD IF YES WESS	NICHALL CONSIDERS
E	19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	Yes	IN CERTIFYING CAU	
CERTIFIC	21A. ACCIDENT WAS UNDERLYING	21B, PLACE OF INJURY (e.g., in		(If in Boltimore	City, give exact location)
AL	OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	fice bldg. INJURY OCCUR?		
U	21 D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUPS	
MEC	OF INJURY	While At Not While		OK! OCCOK:	
	(APPROX)	Work At Work			-/
	22. I certify that (1) (this hospital) attend	ed the deceased fram	8/29 1	96710	9/1/19/
	that (I) (we) ost sow the deceased alive	on	19 4 7 ond the	of in (my) (our) opin	ion deoth occurred on the date
	and hour and fram the causes stoted obav	e. (1) (We) (did) (did nat) v	riew the body after deoth.		
	23A. SIGNATURE			/	238. DATE SIGNED
	- Seller	M.D. Atte		Stoff Phys.	9/1/67
	23C. PHYSICIAN'S	10-	23D. ADDRESS		1111
	NAME (Type)	DOZA JUM.D.	FRANC	LIN SG	SLIMKE HOSP
24	A. BURIAL CREMATION, 24B. DATE 24	C, NAME OF CEMETERY OF CRE	EMATORY 24D. LC	CATION (City	y, lown, or county) (Stote)
	REMOVAL (Specify)				
	1, -, -,	Balto. National		Balt	imore, Maryland
25	A. DATE REC'D BY HEALTH DEPT. 25B. NA/	ME OF REGISTRAN	25C. FUNERAL DIRECTOR	7000 WE as A	ADDRESS
	199	me, yourse,	Jacket de naga?	1722 Wise A	ve. Dundalk, Md.
VS	150-REV. 1/1/65				



VS 150-REV. 1/1/65

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VS 150-REV, 1/1/65

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of death

OF	BALTIMORE CIT	TY HEALTH DEPARTMENT	CM DAFO
BIRTH NO. 5/	8452 CERTIFICA	ATE OF DEATH Registered No	67 8452
M.E. CASE NO. 1. NAME OF DECEASED	021(11110)	2. DATE AND HOUR OF DEATH	
(Type or Print)	77 - 3 - 3 - 1 - 1 -	September 3, 196	
ROMMAL, Joseph	1 Frederick RYLAND	4. USUAL RESIDENCE (Where deceosed lived, If	141
		A. STATE B. COUNTY	
FULL NAME OF (If not in hospital of HOSPITAL OR oddress or location	or institution, give street	Maryland Baltimore	
INICTIFULTION I	nistration Hospital	C. CITY OR TOWN (If outside city limits, write	RURAL and give township)
3900 Loch Rave	The state of the s	D. STREET ADDRESS (If rurol, give location)	53-00
Baltimore, Mar			
	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
	WIDOWED, DIVORCED (specify)	lost birthdoy)	Months Doys Hours Min.
Male Caucasian 10A. USUAL OCCUPATION (Give kind of work	Never Married	8-31-95 72	12. CITIZEN OF
done during most of working life, even if retired)	TOB, KIND OF BOSINESS OK INDOSTR		WHAT COUNTRY?
Printer	Unknown	Maryland	U. S. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Frederick Rommal		Mary Duffy	
15. Was Deceased Ever in U. S. Armed Ford (Yes, no or unknown) (If yes, give wor or date:	cos? 16. SOCIAL	17. INFORMANT Records	ADDRESS
Yes 4-29-17 to]		V.A. Hospital, Baltimore,	Manuland 21218
18. 2 2 / X		OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIR		0.000	ONSET AND DEATH
LEADING TO DEATH		washual Vananuka aa	3 Weeks
(This does not meon the mode of	dying, e.g., DUE TO	rebral Hemorrhage) Heeks
heart failure, asthenia, etc. It means injury ar camplication which coused			100
ANTECEDENT CAUSES	(B)		
DISEASES OR CONDITIONS, if a			
rise to the above cause (A)			
UNDERLYING CONDITION last.			
OTHER SIGNIFICANT CONDITIONS C	ONTRIBLITING		
OTHER SIGNIFICANT CONDITIONS CONTROL TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING IT	TED TO THE		
U 19A. DATE OF OPERATION 19B. CON	DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
19A. DATE OF OPERATION 19B. CON	ORMED	No IN CERTIFYING C.	AUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	, in or obout 21 C. WHERE DID (If in Boltimo	ore City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notity medical examiner)	etc.)	office bldg., INJURY OCCUR?	
21D. TIME (Month) (Doy) (Year)	(Hour) 21E. INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?	
OF INJURY	White At Not Wh	hile 🗀	
	Work L At Work		70
22. I certify that 1) (this hospital) ottended the deceased from	lugust 13, 19 67 to Sep	tember 3, 1967
that (() (we) last saw the decease	d alive on beprember 3,	19 67 and that in (our) or	pinian death occurred an the dote
ond hour and from the couses stat	ed above.XV(We) (did) (XXXpt)	view the body ofter deoth.	
23A. SIGNATURE			23 B. DATE SIGNED
Muchael /J. Ha	M.D. A.	hys. Director Phys. 302	9-3-67
23C.PHYSICIAM'S NAME (Type)		23D. ADDRESS 3900 Loch Raven Box	llevard
MICHAEL G	HAYES M.D		
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C.NAME of CEMETERY OF C	1	City, town, or county) (Stote)
BIRGAL (Specify)	Druid Ridge (emetery Baltimore,	Md.
	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS AA I
CED 5 1067	DO BOS TO DOUBLE	1 Loonard Q Ruch Gr	c Baltimore, Md.

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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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	67	845		HEALTH DEPARTMENT	Registered Na.	67 8	3453
BIRTH NO. M.E. CASE NO. I. NAME OF DEC	FASED		CERTIFICA	TE OF DEATH	ND HOUR OF DEATH		
(Type or Print)	GEORGE	V. M	ORGAN		mber 1, 1967		7:15 P.
FULL NAME (RYLAND or institution,		4. USUAL RESIDENCE (Wh A. STATE 8. COU	ere deceosed lived. If it NTY	nstitution: reside	ence before odmissio
HOSPITAL OR	addless at lacation			C. CITY OR TOWN (If o	utside city limits, write Baltimore		. 000
44	Union Memor:	rat Hos	pical		f rural, give location) O6 Glenmore		
5. SEX	6. RACE White	WIDOWE	NEVER MARRIED D, DIVORCED (specify)	8. DATE OF BIRTH Feb. 3, 1896.	9. AGE (In years lost birthday) 71	If Under 1 Months Day	r. If Under 24 Hours Min.
	working life, even if retired)		BUSINESS OR INDUSTRY	North Car		12. CITIZEN WHAT	COUNTRY?
13. FATHER'S NA	?	Mor	gan	14. MOTHER'S MAIDEN NA	Jessie	Bull	
15. Was Deceased (Yes, no at unknown Yes	Ever in U. S. Armed Ford (If yes, give wor or date: WW 1	ces? s of service)	1 6. SOCIAL SECURITY NO. 213-05-7599	Mrs. Frances	E. Morgan	AD	(Same)
DISEASES iise Ia th UNDERLYIN	LEADING TO DEATH nal mean lhe made al ashenia, etc. It means replication which caused ANTECEDENT CAUSES OR CONDITIONS, if e abave cause (A) G CONDITION last,	the disease, death.) ony, giving stoting the	(B) DUE TO (C)	serve ronony Insi	officiency		
TO THE DISEASE OR	IFICANT CONDITIONS C: DEATH BUT NOT RELA CONDITION CAUSING I' F OPERATION 198. CONI WAS PERF	TED TO THE		20 A. AUTOPSY? (Yes or h	No) 208. IF YES, WERE IN CERTIFYING CA		
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF	21B hom etc.	PLACE OF INJURY (e.g., ine, form, factory, street, a	n or about 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Baltimar	e City, give ex	oct lacotion)
21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)		INJURY OCCURRED ille AI Not While AI Work	21F. HOW DID IN	IJURY OCCUR?		
	22. I certify that (1) (this hospital) attended the deceased from aug. 1957 to Sept. 1, 1967 that (1) (we) last saw the deceased alive on aug. 4, 1967 and that in(my) (aur) opinion death occurred on the date.						
23A. SIGNAT	Then Ja	nne	M.D. Att	ending Med. S. Director 23D. ADDRESS 7/0/ Hark	Stoff Phys. Rd.	23B. DATE 9 9/2 Bal Fo	GNED: /67
24A. BURIAL CRI REMOVAL Burial	MATION, 248. DATE		Oaklawn Cemet		Baltimo	re, Md.	ounty) (Stote)
25A. DATE REC'E	SEP 5 1967	Poleub	E tarleyma	25C. FUNERAL DIRECTO		lto.Md.	21214

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UB(DA	0		AND HOUR OF DEAT	$n \in \mathbb{N}$
	George E. Pfeiffer PLACE OF DEATH IN BALTIMORE MARYLAND			2, 1967.	institution: residence before admission
	Info		A. STATE B. COL	INTY	institution; residence before odmission
HOSPITAL OR	OF (If not in hospital oddress or location	or institution, give street	C. CITY OR TOWN (IF	outside city limits, write	e RURAL and give township)
1216 Ramblewood Road			Baltimore D. STREET ADDRESS		04/-00
				If rurol, give location)	
- SEX	6. RACE	7. MARRIED, NEVER MARRIED	I 2I 6 Rambles	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs
Male	White	WIDQWED, DIVORCED (specify) WIDQWED k 10B. KIND OF BUSINESS OR INDUSTRY	8/26/1895	lost birthday)	Months Doys Hours Min.
one during most of	f working life, even if retired)			reign country)	12. CITIZEN OF WHAT COUNTRY?
Ret.		Balto. Gas & Electric		1	U.S.A.
3. FATHER'S NA	ME		14. MOTHER'S MAIDEN N	AME	
	E. Pfeiffer		Belle Bowers	sock	
5. Was Decease	d Ever in U. S. Armed Fo		17. INFORMANT		ADDRESS
no		215-09-9209	Robert E. Cahi	11 Md. Nati	onal Bank Bldg.
18.	0111	CAUSE O	DEATH		INTERVAL BETWEEN
DISEA	SE OR CONDITION DI	RECTLY			ONSET AND DEATH
(This does	LEADING TO DEATH	dving ag	in culus to	brillation	mytant
heort foilure,	, osthenio, etc. It meons	the diseose,			
injury or cor	mplication which caused	deoth.)	The The		h 210
	ANTECEDENT CAUSES	DUE TO	may m	120110 Zel	2 years
DISEASES	OR CONDITIONS, if	Admin Saturbase			
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rise to th	ne obove couse (A)	stoting the colorell	n'order to	Carch	+ 5 years
rise to th	ne obove couse (A)	sloting the colorle	n'orderte	Carchi Prisea	to byear
rise Io th	ne obove couse (A)	Sloting the (C/Little Vase	www. Jews	Carch.	to byen
OTHER SIGN TO THE DISEASE OR	ne obove couse (A) G CONDITION lost, II HIFICANT CONDITIONS C DEATH BUT NOT RELA CONDITION CAUSING	CONTRIBUTING ATED TO THE IT.	20A. AUTOPSY? (Yes or F	Carch. Priser. No. 20B. IF YES, WERIN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
OTHER SIGN TO THE COLUMN TO TH	II III III III III III III III III III	CONTRIBUTING ATED TO THE IT. IDITION FOR WHICH OPERATION FORMED	or obout 21 C. WHERE DID	IN CERTIFFING C	E FINDINGS CONSIDERED AUSES OF DEATH? DIE City, give exoct locofion)
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OTHER SIGN TO THE DISEASE OR 19A. DATE OF CONTRIB DEATH (notify 19 PROX.) 21 A. ACCIDE OF CONTRIB DEATH (notify 19 PROX.) 22. I certify	II IIIII IIII IIII IIII IIII IIII IIII IIII	CONTRIBUTING ATED TO THE IT. JOINTON FOR WHICH OPERATION FORMED 21B. PLACE OF INJURY (e.g., ir home, form, foctory, street, of etc.) (Hour) 21E. INJURY OCCURRED While At Not While Work 1) attended the deceased fram	or about 21C, WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimo	ore City, give exact location)
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BIRTH NO. 67	2/155	TE OF DEATH Regis	ered No. 67 8455
M.E. CASE NO.		2, DATE AND HOUR	OF DEATH
Type or Print) HICKEY, John Edward	1	9-3-67	3:10 P
PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deceased	lived. Il institution: residence before admis
FULL NAME OF (II not in hospital or instit	ution, give street	MARYLAND HARFORD C. CITY OR TOWN (If outside city in	mits, wite RURAL and give township)
VETERANS ADMINIST	TRATION HOSPITAL	BEL AIR	(C) 2 - 3)
3900 LOCH RAVEN I	BOULEVARD	D. STREET ADDRESS (If rurol, give I	ocotion)
BALTIMORE, MARYL	IND 21218	OAK COURT APPARTMEN	TS
SEX 6. RACE 7. MA	RRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In	yeors II Under 1 Yr. If Under 24
MAIR CAUCASTON	RRIED	lost birthdo	Months Doys Hours M
DA. USUAL OCCUPATION (Give kind of work 10B, KI		9-3-96 71 11. BIRTHPLACE (State or loreign country)	12. CITIZEN OF
one during most of working lite, even if retired)	ndoon Duomine Co		WHAT COUNTRY?
POLICEMAN ADOS	rdeen Proving Gr.	PHILADELPHIA, PENNS	YLVANIA U. S. A.
PATRICK HICKEY			
		CATHERINE SWEENEY	
5. Was Deceased Ever in U. S. Armed Forces? 'es,no ar unknown) (II yes, give war or dates of ser	vice) 21 662 - 1864	17. INFORMANT VA HOSP RECO	RDS ADDRESS
	-11-13 TO 6-4-20	3900 LOCH RAVEN BLV	
18. 3	CAUSE O		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY			ONSET AND DEATH
LEADING TO DEATH	(A)	BRAL THOMBOSIS	20 DAYS
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dis	e.g., DUE TO	EXEN VASCULAR DISEASE	***************************************
injuly or complication which coused death.)		ALIZED ARTERIOSCLEROT	
ANTECEDENT CAUSES	DUE TO		
DISEASES OR CONDITIONS, il ony,	giving		
rise to the obove couse (A) stoling UNDERLYING CONDITION lost.	lhe IC)		17 00 000 00 00 00 00 00 00 00 00 00 00 0
OTHER SIGNIFICANT CONDITIONS CONTRIB			
OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED T DISEASE OR CONDITION CAUSING IT.	O THE TUMOR RIGH	T LUNG	
19A. DATE OF OPERATION 19B. CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF Y	ES, WERE FINDINGS CONSIDERED
WAS PERFORMED		YES	IFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH Inotify medical examiner	21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n oi obout 21C. WHERE DID (If	in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJURY OCCU	187
OF INJURY (APPROX.)	While At Not Whil		
	Work At Work		
22. I certify that 🖾 (this hospital) otten	ded the deceased from9	-1- 19 67 1	9-3 19.6'
that (M) (we) last sow the deceased alive	on9-3	196.7ond that in (56)	(our) opinion death occurred on the
and have and from the causes stated aba	ye. 30 (We) (did) (3042/36t) v	iew the body after deoth.	
23A. SIGNATURE			23 B. DATE SIGNED
Convard Older	M.D. Atte	ending Med. Stolf Phys.	- 9/4/67
23 C. PHYSICIA 19-5 NAME Type)		23D. ADDRESS	THE DY IND
(A	M.D.	3900 LOCH RAV	
A. BURIAL CREMATION, 248, DATE	4C. NAME of CEMETERY OF CRI	BALTIMORE, MA	
REMOVAL (Specify)	TOTAL OF CENTEREN OF CKI	MATORY 24D. LOCATION	(City, town, or county) (Sta
Burial 9/7/67	Balto. National		
SA. DATE REC'D BY HEALTH DEPT. 25B. NA	AME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
SEP 5 1967 A	6 Pro & stable 40	Leonard J. Ruck Inc	. Balto. Md.
150-REV. 1/1/65			

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December 1

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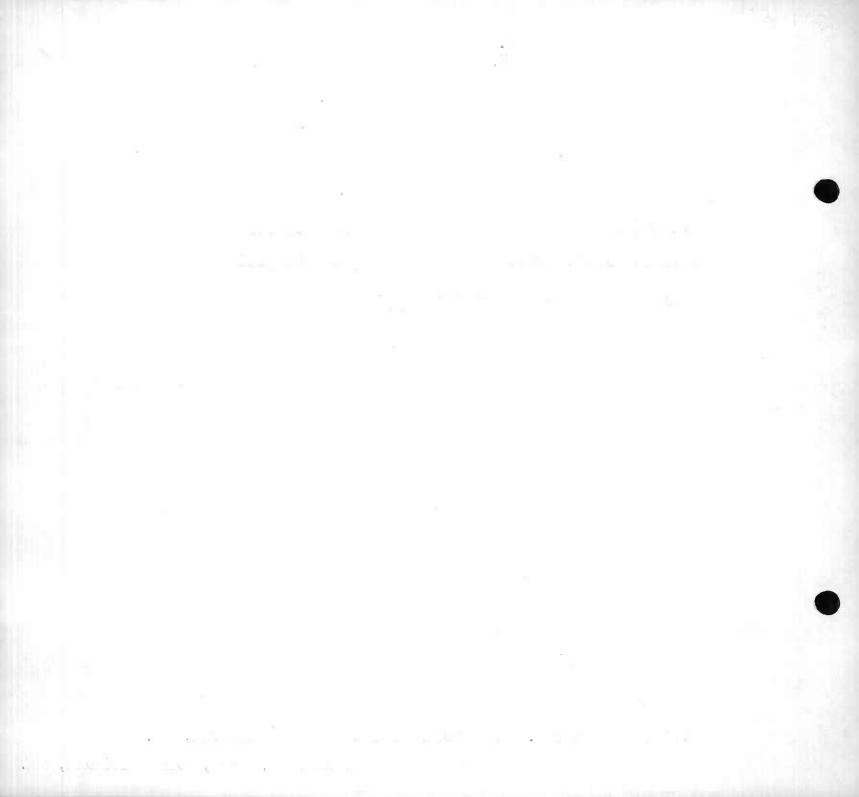
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BIRTH NO.	67	OAFO	ATE OF DEATH	Registered No.	67 8456
M.E. CASE NO. I. NAME OF DEC Type or Print)	Ethel 1		Sept	- 11	institution: residence before admission
FULL NAME (OF (If not in hospital a	r institution, give street	Md.	NTY	RURAL and give township)
90 Ho	use in the 1837 Belair	Pines Belaire Road		Baltimore rurol, give locotion) 301 Hamlet	J/-O,
5. SEX temale	6. RACE white	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) WIDOW	8. DATE OF BIRTH NOV. 5, 1886.	9. AGE (In years last birthdoy)	If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.
done during most of	CUPATION (Give kind of work for working life, even if retired)	10 B, KIND OF BUSINESS OR INDUSTR	Penna.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NA	Allan B. H		14. MOTHER'S MAIDEN NA		ice Landis
15. Was Decease (Yes, no or unknow No	d Ever in U. S. Armed Forc (If yes, give wor or dotes	es? of service) 16. SOCIAL SECURITY NO.	Mr. Allen C. 1	Minor, 6205 I	ADDRESS Birchwood Ave.
(This does heart foilure injury ar co	ASE OR CONDITION DIRI LEADING TO DEATH not mean the mode of , asthenio, etc. It meons implication which caused ANTECEDENT CAUSES	dying, e.g., DUE TO the disease, death.)	telestatic Ponen) ailm	2 weeks
NOTHER SIGN TO THE IDISEASE OF	OR CONDITIONS, if on the obove cause (A) and the	stating the (C)	emention, fra	breed land	ina. 1/ym.
19A. DATE C	OF OPERATION 198. CONI			IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIE	ENT WAS UNDERLYING DEBUTING CAUSE OF fy medical examiner)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	office bldg., INJURY OCCUR?	(If in Boltimo	ore City, give exoct locotion)
21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)	(Hour) 21 E, INJURY OCCURRED While At Not W Work At Wo		JURY OCCUR?	2/-/
thot (I) (n) lost sow the decease	d olive on (I) (Washed) (did not)	•		pinion death accurred on the d
23 C. PHYSICI NAME	bus B B	t B. Bradley M.D.	Med. Director 23D. ADDRESS 4900 Bel		9/5/67 Balto., Md.
REMOVAL	REMATION, 24B. DATE (Specify)	24C. NAME of CEMETERY OF C			City, town, or county) (State)
Bur:		67. Parkwood Come	25C. FUNERAL DIRECTO	Baltimor	e, Md.

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M.E. CASE NO.				ATE OF DEATH		
Type or Print)	CEASED JOHN	MANOS		-	AND HOUR OF DEATH	H illet f
B. PLACE OF D	EATH IN BALTIMORE MA	RYLAND			ot. 3, 1967	institution: residence before od
FULL NAME HOSPITAL OF	OF (If not in hospital	or institution, give	street	Maryland	DUNTY	RURAL and give terminship)
00	3100 Echo	dale Ave	enue	D. STREET ADDRESS	(If wrol, give location)	le14
s. sex male	6. RACE white	7. MARRIED, NE WIDOWED, D	IV PRCED (specify)	B. DATE OF BIRTH II/9/1909	9. AGE (In years lost birthday)	If Under 1 Yr. If Under Months Doys Hours
	CUPATION (Give kind of world for working life, even if retired)	Restaurar			foreign country)	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NA	AME			14. MOTHER'S MAIDEN	NAME	U o D o A o
Nick	olas Manos			Mayer		
5. Wos Deceose	d Ever in U. S. Armed For		SOCIAL	Mary -		ADDRESS
Yes, no or unknov	vn) (If yes, give war ar date		security Nd. 26-36-3072	Mrs. Sophie	e Manos 31	100 Echodale
	e, osthenio, etc. II meons amplication which caused		1200	VO 3- 120000	H KNOM W.	ran tarmely
rise to I UNDERLYIN	ANTECEDENT CAUSES OR CONDITIONS, if he obove cause (A) NG CONDITION lost.	any, giving slaling lhe	(E) CIC	temples lewseller	met un	aju larze
OTHER SIGN TO THE DISEASE OF	OR CONDITIONS, if he obove cause (A) NG CONDITION lost.	any, giving slaling lhe	ath	Jemples Lind Fellor Ssels Cf	mot me	e findings considered Auses of Death?
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NOTHER SIGN TO THE DISEASE OF INJURY (APPROX.) 22. I certifithot (I) (we ond hour of 234 SIGNAT) 244. BURIAL CR	OR CONDITIONS, if he obove cause (A) IG CONDITION lost. II NIFICANT CONDITIONS CONDITIONS CONDITION CAUSING OF OPERATION 198. CONWAS PER ENT WAS UNDERLYING CAUSE OF fy medical examined (Month) (Doy) (Year) If the couses storing of the couse of	any, giving slating like CONTRIBUTING ATED TO THE IT. IDITION FOR WHI FORMED 21B. PL/home, etc.) (Hour) 21E. IN While work H) ottended the ded olive on ted obove. (I)	CH OPERATION ACE OF INJURY (e.g., form, foctory street, stree	in or obout 21C. WHERE DID office bldg., INJURY OCCUR 21F. HOW DID tile the property of the p	No) 20B. IF YES, WERE IN CERTIFYING G. (If in Baltimo INJURY OCCUR? 196 to from the staff of	E FINDINGS CONSIDERED AUSES OF DEATH? ONE City, give exact location) 23B. DATE SIGNID 23B. DATE SIGNID (City, town, or county)
OTHER SIGN TO THE DISEASE OF INJURY (APPROX.) 22. I certifithot (I) (APPROX.) 23. ASIGNAT 24. BURIAL CR REMOVAL	OR CONDITIONS, if he obove cause (A) IG CONDITION lost. II NIFICANT CONDITIONS CONDITIONS CONDITION CAUSING OF OPERATION 198. CONWAS PER ENT WAS UNDERLYING CAUSE OF fy medical examined (Month) (Doy) (Year) If the couses storing of the couse storing of the couse storing of the couse of th	any, giving slating like CONTRIBUTING ATED TO THE IT. IDITION FOR WHI FORMED 21B. PL/home, etc.) (Hour) 21E. IN While work H) ottended the ded olive on ted obove. (I)	CH OPERATION ACE OF INJURY (e.g., form, foctory street, stree	in or obout 21C. WHERE DID office bldg., INJURY OCCUR 21F. HOW DID tile the property of the p	No) 208. IF YES, WERE IN CERTIFYING G. (If in Baltimo Injury Occur? 1962 to Stoff Phys	E FINDINGS CONSIDERED AUSES OF DEATH? ONE City, give exact location) 23B. DATE SIGNID 23B. DATE SIGNID (City, town, or county)

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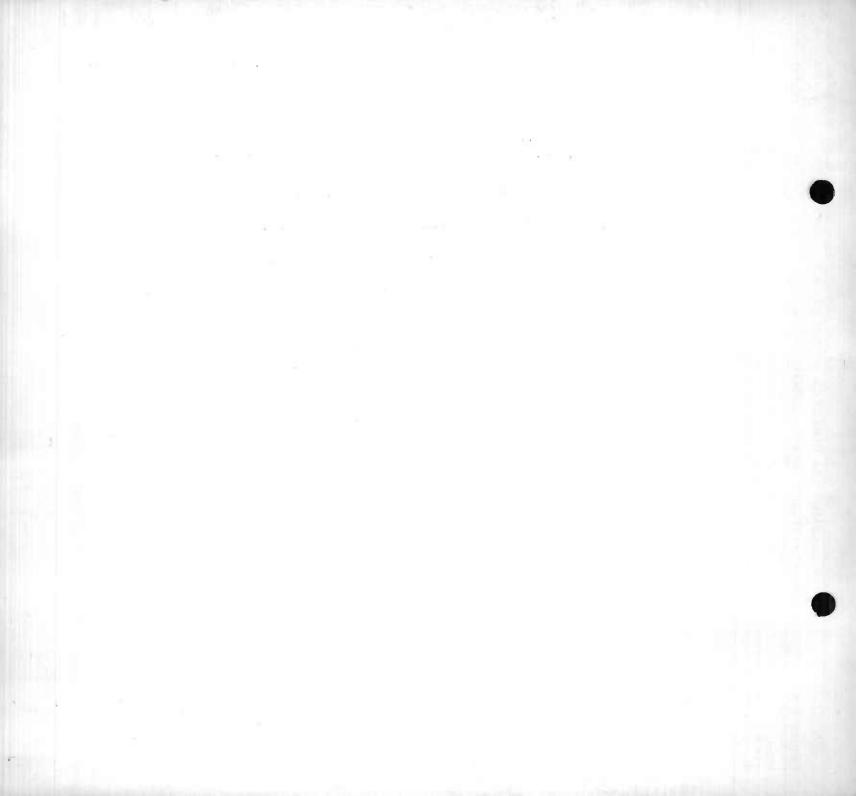
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VS 150-REV. 1/176

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BIRTH NO.	67.	848		TE OF DEAT		. 67 8461
M.E. CASE NO					TE AND HOUR OF DEAT	TH
(Type or Print)	Anna Margaret \			Se	ept. 3, 1967	9:30 PM
	DEATH IN BALTIMORE, MAI			4. USUAL RESIDENCE A. STATE B. Marylar	COUNTY	l institution: residence before admissi
HOSPITAL O)		C. CITY OR TOWN	(If outside city timits, writ	te (URAL and give towaship)
90	1200 Valley St Baltimore, Md.	.,		Baltimo O. STREET AODRESS 1200 Va	(If rurol, give locotion)	10-01
. SEX	6. RACE		D. DIVORCEO (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday) 77	If Under 1 Yr. II Under 24 Months Doys Hours Min
	CCUPATION (Give kind of work of working life, even if retired)	10B. KIND 0	F BUSINESS OR INDUSTRY	Baltimore N		12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S N	IAME			14. MOTHER'S MAIDE	N NAME	
Robert	Grentz				et Kumert	V /
S. Was Deceas Yes, no or unkno	sed Ever in U. S. Armed Ford with (If yes, give wor or date:	es? s of service)	16. SOCIAL SECURITY NO. 220-14-0733A	17. INFORMANT	ers of the Poo	AODRESS
18. / -			CAUSE O			INTERVAL BETWEEN
1 ht d	EASE OR CONDITION DIR	ECTLY	CAUSE	0	1-	ONSET AND DEATH
	LEADING TO DEATH		(A)	ulmo.	mony ader	mie
	s not mean the made of re, asthenia, etc. It means					
	camplication which caused		9	SPI	1	
	ANTECEDENT CAUSES		(B)			
DISEASES	OR CONDITIONS, if	ny giving	DUE TO	8	, ,	
rise to	the above couse (A)			meraliz	sed outere	Derevolu
UNDERLI	ING CONDITION last.		/	0		
E TO THE	11 SNIFICANT CONDITIONS CODEATH BUT NOT RELA OR CONDITION CAUSING 17	TED TO TI				1
	OF OPERATION 198. CON	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes	or No. 208. IF YES, WEE	RE FINDINGS CONSIDERED CAUSES OF DEATH?
OP CONTR	DENT WAS UNDERLYING DEBUTING CAUSE OF Detily medical examiner		B. PLACE OF INJURY (e.g., in me, form, foctory, street, of c.)			nore City, give exoct locotion)
21D. TIME OF INJURY	(Month) (Doy) (Year)	w	E INJURY OCCURRED hite At Not Whit		ID INJURY OCCUR?	
			ork At Work			
22. I certi	ify that (1) (this haspital) attended	the deceased from		19 <i>66</i> to	Feyn 3 196
that (1) (w	ve) last saw the decease	d alive an	Sep73	196 2	and that in (my) (aur) o	apinian death accurred an the
and hour	and from the causes stat	ed above.				
23A. SIGNA	ATURE /					23B, DATE SIGNED
	Franky	1 / 4	Attended Atte	ending Med.	Stoff	9.5.60
23C. PHYSIC		-	Skew of Phy	s. Director	Phys,	1,010
NAME	(Type)					
	y Ankudas	1 1/9	M.O.		en Choice Lane	Baltimore Md.
	REMATION, 248. DATE	24C. N	AME of CEMETERY OF CRI	EMATORY	24D. LOCATION	(City, town, or county) (Stot
(1)11	110 9/7/61	1 (()	rela Laun	1	(2300/1n	more
2SA. DATE REC	C'D TO HEATH DEN	268. NAME	OF REGISTRAR	25C. FUNERAL DIR	RECTOR/	ADDRESS 20
	AEI 0 130	Jelso. P	OF REGISTRAR	Allinio	Horwood.	and (Collan all
/\$ 150-REV. 1/			7-1 Yes Cocolina	May	11000	- CIDELING
/3 130-KEV, 1/	17 00			W 1/0		

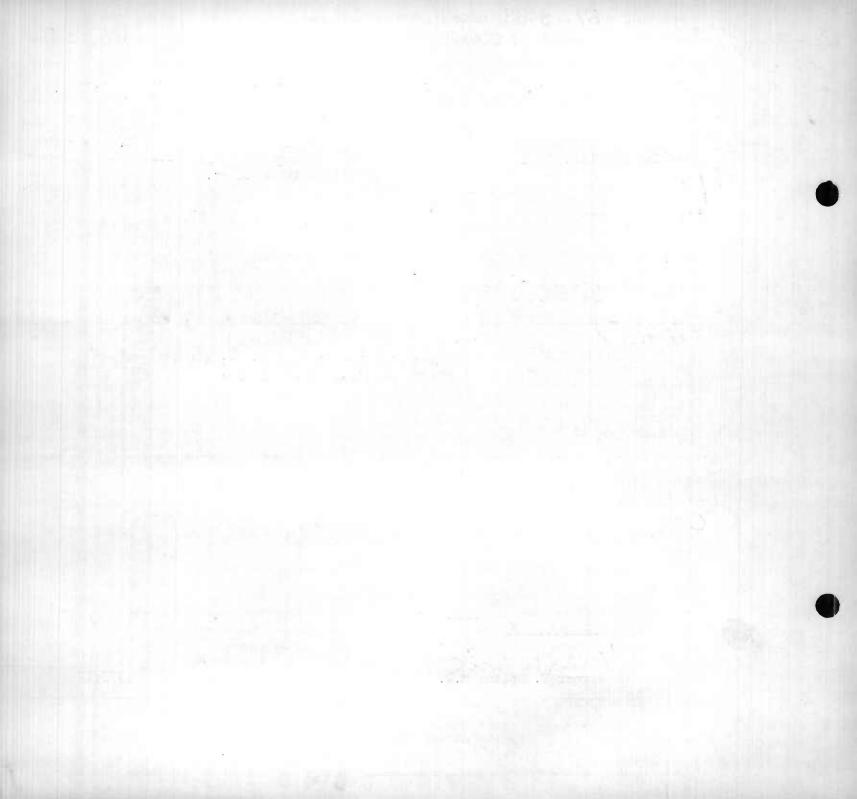


	0m 0	BALTIMORE CITY	HEALTH DEPARTMENT		0400
8	IRTH NO.	462 CERTIFICA	TE OF DEATH	Registered No.	6/ 8462
	A.E. CASE NO.			HOUR OF DEATH	
	ype or Print)	Va la seta		. 1 1	101 2 112. 1
3	PLACE OF DEATH IN BALTIMORE MARYLAND	tuerungion	4. USUAL RESIDENCE (Where	deceased lived Harti	1967 1130A M.
			A. STATE B. COUNT	1	Tomon, residence belone ournession
	FULL NAME OF (If not in haspital at institut	ian, give street	ml.		1
	HOSPITAL OR oddress or location) INSTITUTION		C. CITY OR TOWN (If outsi	de city limits, write RU	RAL and give (pwnship)
	00.		Kalleme	re !	
	410 6 8 111.	St.	D. STREET ADDRESS (If ru	rol, give location)	2.
	118 O. Didale	Greef	1186,100	delle S	1
5		WED, DIVORCED (specify)		AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
+	Temelo Colored	markeel	Ner. 3 1903	63	
	OA, USUAL OCCUPATION (Give kind of work 10B, KINI	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
d	one duting most of working life, even il retired)		1/1/1/1/	74 2	WHAT COUNTRY?
1	3. FATHER'S NAME		14. MOTHER'S MAIDEN NAMI	ly da.	7
1	of in the		4-	11	0
	demas M. dawe	use	Oplette	Holane	L
1	5. Was Deceased Ever in U. S. Armed Forces? es, no or unknown) (If yes, give wor or dotes of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT	, ,	ADDRESS
	Mo.		Trelier O For	odness 2	255 Testetan
H	18. 4 7 A V	CAUSE O	F(DEATH		INTERVAL BETWEEN
l	DISEASE OR CONDITION DIRECTLY		- 1		ONSET AND DEATH
	LEADING TO DEATH	(A) (O	natiolores Nepolenses	serve	
	(This does not mean the mode of dying,	e.g., DUE TO	Matertares	- a trice no coccess co cocces a a a a a a a a a a a a a a a	
	hearl failure, osthenia, etc. It means the dise injury or complication which caused death.)	ase,			2
	ANTECEDENT CAUSES	(B)	Hepolowsky	×	
ı	DISEASES OR CONDITIONS, if any, gir	00 10	01		0.040
	rise to the obave cause (A) stoling				
	UNDERLYING CONDITION tost.				
	Z OTHER SIGNIFICANT CONDITIONS CONTRIBI				
	TO THE DEATH BUT NOT RELATED TO				
		OR WILLIGH ORDER TION	120 A ALLEO BOYS (V N-)	200 IF MES WITTE SIL	
	194. DATE OF OPERATION 198. CONDITION F	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE FIN	SES OF DEATH?
	21 A. ACCIDENT WAS UNDERLYING	218 BLACE OF INITIBY (o. a. i.	as about 21C WHERE DID	(16 in Poleinann 6	Titue di anni
1	OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of	fice bldg., INJURY OCCUR?	tit in politimore C	City, give exact location)
Г		etc.)			
	21D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21 F. HOW DID INJUI	RY OCCUR?	
1	(APPROX.)	While At Work Not While At Work	e 🗀		
	22. I certify that (I) (this hospital) attend		7/26 10	67 10 9	11 1062
		011	. /		on death accurred on the date
	that (1) (we) lost saw the deceased alive	/ /		in (my) (our) apini	on awarn accurred on the date
	and hour and from the causes stated abov	e. (1) (We) (did) (did not) v	iew the body after death.		
	23A. SIGNATURE	0	P - A4 1 - 6		3B, DATE SIGNED
	Alleel of Karfer	M.D. Alle	mding Med. Sirector P	hys.	8/2/67
	23C. PHYSICIAM'S NAME (Type)		23D. ADDRESS	- 0	7
	DR. ALBERT L. LA	FOREST M.D.	822N. BOND S	7 BACTO	emore MD 21205
2	4A. BURIAL CREMATION, 24B. DATE 24	C. NAME at CEMETERY or CRI	MATORY 24D. LO	CATION (City.	town, or county) (State)
	REMOVAL (Specify)	mal A D	1	100	7 21
	Durine Deft. 5/67	My Calmey C.	emeley U.	u tus	ely ma
12	00000	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	11 1	ADDRESS
L	SEP 6 1967 (120e	D. C. Variation	Mully 6.8	leakern /1	2911. Caesting St
V	\$ 150-REV. 1/1/65		0 7 0 6		



MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 8463

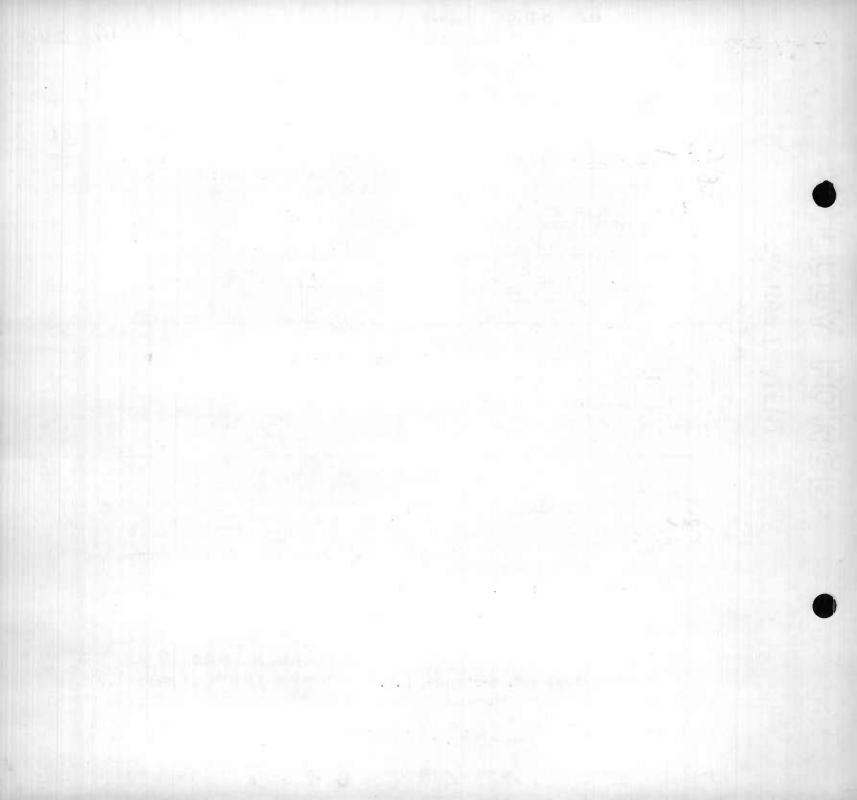
M.E. CASE NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD
JOHN W. JONES	September 4, 1967 7:35 A. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A, STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Maryland C. CITY OR TOWN (If outside carporote limits, write-RURAL one give to anship)
Hopkins Hospital (DOA)	Baltimore
nopital (box)	D. STREET ADDRESS (If rurol, give location) 1644 Ellsworth St.
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs.
Male Negro WIDOWED, DIVORCED(specify)	Manths Doys Haurs Min.
Male Negro Wilder Occupation (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY	Y 1) BIRTHPLACE State or foreign country) 12. CITIZEN OF
dane during mast of warking life, even if retired)	WHAT COUNTRY?
13, FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas How Jones	Magge Bool
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na or unknown), (If yes, give war ar dates of service) SECURITY NO.	17. INFORMANT ADDRESS
103, 110 of children with 11 yes, give will all adjes of services 1312-32-7515	TMarried Janon 812 Marriantes are
IB CAUSE	E OF DEATH INTERVAL BETWEEN
4401	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Arteric	osclerotic and Hypertensive
	ardiovascular Disease
injury or complication which caused death.)	ildiovasculai bisease
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
2	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	
TIPA. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	NO WHERE DID (II is Butter City)
UTING CAUSE OF DEATH.	in ar obout 21C. WHERE DID (If in Baltimore City, give exact location) office bldg., INJURY OCCUR?
21D TIME (Manth) (Doy) (Year) (Haur) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.) WHILE AT NOT M. WORK AT W	WHILE
22.	topsy ond that an this basis, death In my opinion
resulted from: Natural causes X Accident Suicid	le Homicide Undetermined monner
	CHIEF MEDICAL EXAMINER
ACTUAL MAR 1	DATE SIGNED
SIGNATURE // M.D	
EXAMINER'S Werner U. Spitz, M.D. NAME (Type)	ASSOCIATE MEDICAL EXAMINER 9/5/67
23A. BURIAL CREMATION, 23B. DATE / 23C. NAME of CEMETERY	or CREMATORY 23D. LOCATION (City, town, or county) (State)
REMOVAL (Specify)	al les a la + mal
24A, DATE REC'D BY HEALTH DEPT. 24B, NAME OF REGISTRAR	MUSCON MAN ADDRESS ADDRESS
	A DA SALE GERAL DIRECTOR
SEP 6 1967 Robert E. Farberman	Multon Co Clubeson 1/29/1 Custon
VS 151-REV. 1/1/65	



8464 BALTIMORE CITY HEALTH DEPARTMENT

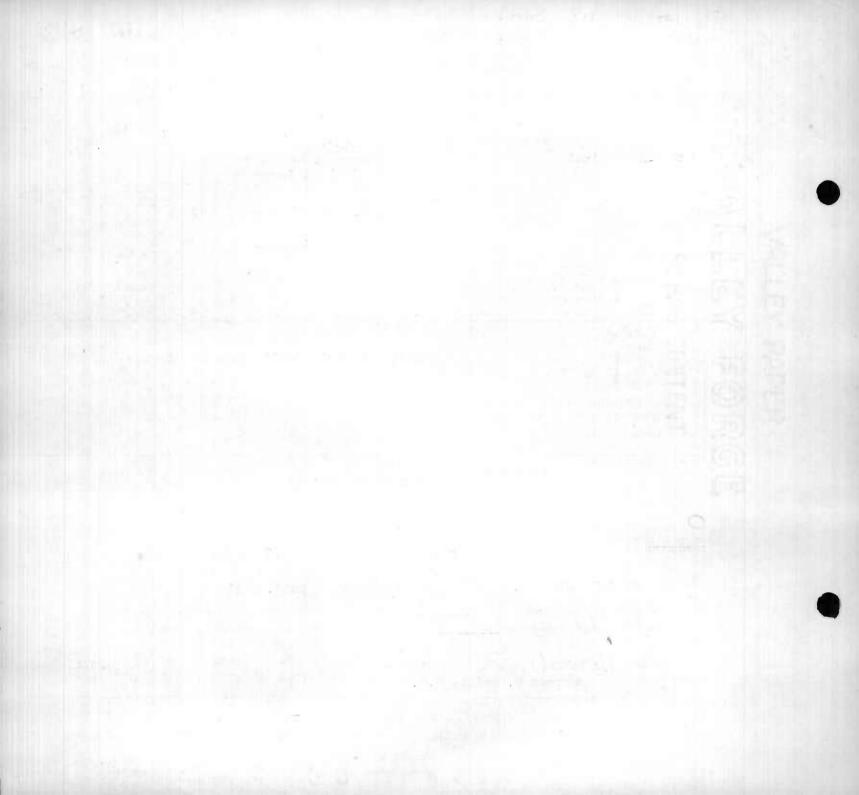
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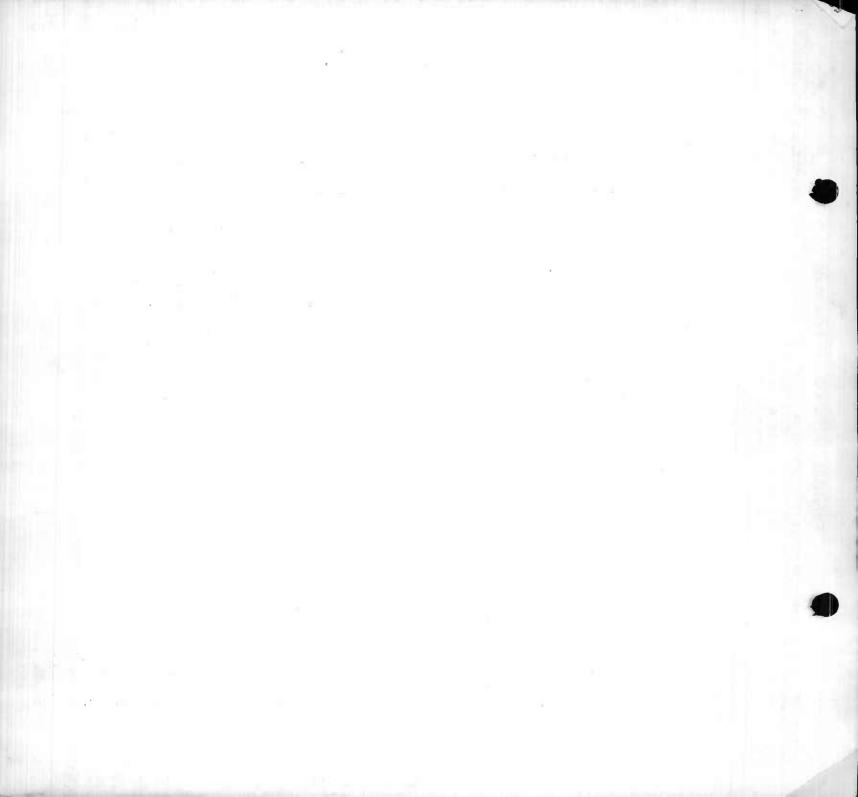
MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. BIRTH NO. M.E. CASE NO. . NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD (Type or Print) 2:40 A. M. MARY ALSTON September 2, 1967 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY Maryland FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN (II outside corporate limits, write RURAL and give township Baltimore D. STREET ADDRESS (If rural, give location) Provident Hospital (DOA) 6000 Erdman Avenue 6. RACE 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min. 7. MARRIED, NEVER MARRIED WIDO WED, DIVORCED (specify) Negro 40 Female 10A. USUAL OCCUPATION (Give kind of work) 08. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) to use Arobina 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME 15, WAS DECEASED EVER IN U.S. ARMED FORCES? 6. SOCIAL ADDRESS (Yes, no or unknown), (If yes, give wor or dotes of service) SECURITY NO. 8. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Gunshot wound of chest (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the discose, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 119B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED Yes 21 A. EXTERNAL CAUSE WAS 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, farm, foclory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact lacation) UTING CAUSE OF DEATH. sidewalk Front of 2010 Park Avenue 21D TIME 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (Month) (Doy) (Hour) (Year) OF INJURY (APPROX.) NOT WHILE X 2:15 A WORK Shot by unknown assailant 9-2-67 I certify that I held an Inquiry Autapsy X Inspection and that on this basis, death In my opinion Hamicide X resulted fram: Natural causes Accident Suicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINER X SIGNATURE Charles S. Springate, M.D. ASSOCIATE MEDICAL EXAMINER EXAMINER'S September 2, 1967 NAME (Type) 23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY of CREMATORY 23D. LOCATION (City, town, or county) REMOVAL (Specily) BuriAt 24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR 24C. FUNERAL DIRECTOR ADDRESS



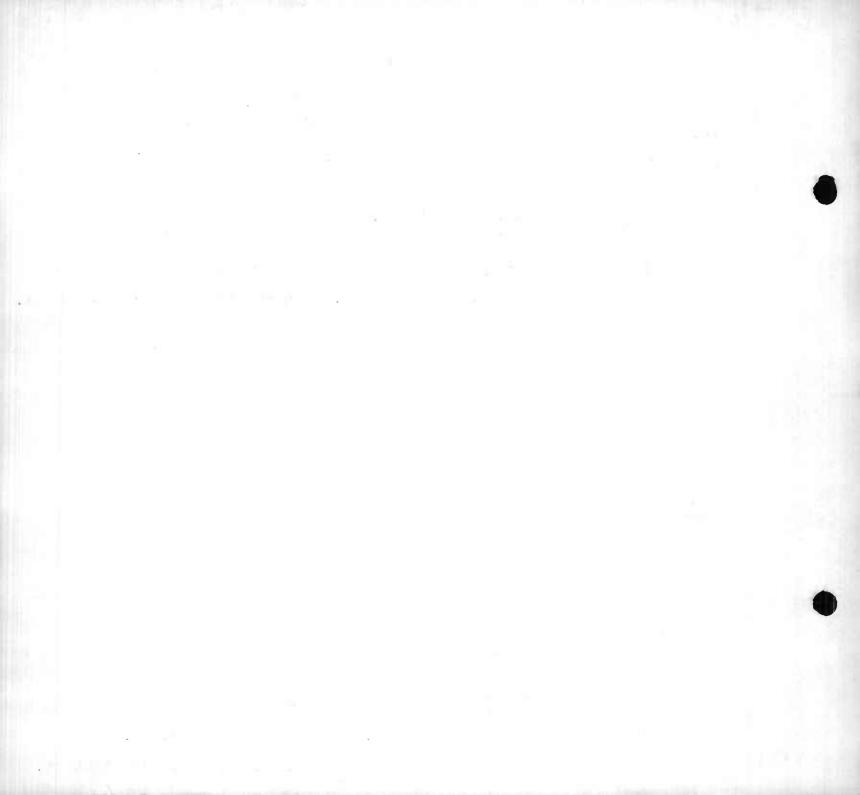
MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.67 8465

MAR GASS NO	77122	TOAL EXAMINATION	J CLIVIII ICA	ATE OF BEATTING	
M.E. CASE NO.	EASED			2. DATE AND HOUR PRONOUNCE	ED DEAD
Type or Print ZEBEDE	E		PREE	September 3,	
FULL NAME OF	MORE, MARYLAND,	WHERE PRONOUNCED DEAD ITAL OR INSTITUTION, GIVE STRI CATION)	4. USUAL RE A. STATE Maryla	SIDENCE (Where deceased lived, If insti	itution: residence before admissio
NOITUTITE	Hospital			ODRESS (If rural, give location)	5-48
				Elsinore Avenue	
Male	Negro	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specif		9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 H Months, Days, Hours, Min
OA, USUAL OCCU one during most of w	PATION (Give kied of working life, eyer) to reined	ork 109 KIND OF BUSINESS OR IN	BCL	Et (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAM	From P) 101	14. MOTHER'S	MAIDEN NAME	
5. WAS DECEASED	EVER IN U.S. ARM	ED FORCES? 16. SOCIAL SECURITY NO 216-10-43	1- 0/4	Posti 2002	elt-han 20 1
18.	111	210-10-43	CAUSE OF DEATH	C 1000 2001 20	INTERVAL BETWEEN
(This does not heart failure, injury or com AI DISEASES C RISE TO THE UNDERLYIN	LEADING TO DEA: of mean the mode osthenia, etc. If mea uplication which couse NTECEDENT CAUS OR CONDITIONS, IF E ABOVE CAUSE (A) G CONDITION LAS:	of dying, e.g., so the disease, d death.) SES (B) ANY, GIVING STATING THE	0	c Cardiovascular Di	sease
TO THE	IIFICANT CONDITION DEATH BUT NOT I	RELATED TO THE Fra	cture of Pe	lvis	
19A. DATE OF		ONDITION FOR WHICH OPERATION OF THE PROPERTY O		PSY? (Yes or No.) 20B. IF YES, WERE FII IN CERTIFYING CAUS	SES OF DEATH?
UNDERLYING X	OR CONTRIB- E OF DEATH.	Home		ury occur? (If in Boltimore City, gi	1
OF INJURY	- 10 14	20 P. m. WHILE AT	NOT WHILE X	Subj. fell	
1000	ify that I held on	Inquiry Inspection X		ond that on this bosis, death in m	
ACTUAL SIGNATU	JRE TO	Accident X	CHIEF	MEDICAL EXAMINER	DATE SIGNED 9/4/67
EXAMINI NAME (T	ype) WEL	ner U. Spit M.D		MEDICAL EXAMINER	
23A. BURIAL CREA REMOVAL (Specify) BMU 24A. DATE REC'D	1 9-7	7-67 MAG OF REGISTRAR	Settery of CREMATORY	23D. LOCATION (City,	ADDRESS (State)
5	SEP 6, 1967	Plus E. Falle	MA Me	194 Alson	no Brunty





07 0	BALTIMORE CITY	HEALTH DEPARTMENT		CM	04014
BIRTH NO.	46 CERTIFICA	TE OF DEATH	Registered No.	0/	846/
M.E. CASE NO.			D HOUR OF DEATH		
(Type or Print)	- 11 w:	Z, DATE AN	O-3 IO	4 5	0
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	S /7a4/1/6	4. USUAL RESIDENCE (When	1-2-146	7 2	1001 · M.
S. PLACE OF BEATH IN BACILMORE, MARIEAND	0	A. STATE B. COUN	Y	stilution: residence i	perore odmission)
FULL NAME OF (If not in hospital or institute	ion, give street	Many	and	4	22-01
HOSPITAL OR oddress or location) INSTITUTION		C. CITY OR TOWN (1) of	side city limits, write f	URAL and give tow	rnship)
1/3		Bolti	MINE	#212	.30
70 11 11 11		D. STREET ADDRESS III	urol, give location)	-	
South Raltimone 6	- ENERAL HAS	6 10841an	nen Av	15.	
5. SEX 6. RACE 7. MARR	RIED, NEVER MARRIED	8, DATE OF BIRTH	AGE (In veors	If Under 1 Yr.	If Under 24 Hrs.
m , , / . , wido	WED, DIVORCED (specify)	C-15 15	ost birthdoy)	If Under 1 Yr. Months Doys H	lours Min.
white	OF BUSINESS OF INDUSTRY	3-13-01	60		<u> </u>
10A, USUAL OCCUPATION Give kind of work 108. KINE done during most of working life, even if retired)		II. BIRTHPLACE (Stote or toreig	gn country)	12. CITIZEN OF WHAT COUN	ITRY?
Inspector	ETIPEN		inginia		
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE)	2	
Andras de	/	1-1.	1 - 11	0 1	
MIXALEW 4. H	ayNIE.	K/1 La	-DETH	13 uc 1	aN Na
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of servi	SECURITY NO.	17. INFORMANT		ADDRES	5
No	217 01 0598	Mrs. Margaret	Simmons	108 Warr	en Ave.
18. 45.5	CAUSE O				BETWEEN
DISEASE OF CONDITION DIRECTLY				ONSET A	ND DEATH
LEADING TO DEATH	An.	TE GI BLEE	Dille		
(This does not mean the made of dying,	e.g., DUE TO	1/2 GA ROLE C	2//09		
heart failure, asthenia, etc. It means the dise injury at camplication which caused death.)	ase,	0 0 .	0		
	181 CA.	+ He AMP	UCLA I	-	
ANTECEDENT CAUSES	DUE TO	LATER	dan da aran da Aran da faranca a		****
DISEASES OR CONDITIONS, if any, give		UNIER	•		
rise to the above cause (A) stating UNDERLYING CONDITION last.	1he (C)				
OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING				
TO THE DEATH BUT NOT RELATED TO		PIBRICIAT) DA/		
	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.		INDINGS CONSIDI	ERED
19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	or which or skallen	Van	IN CERTIFYING CAL	USES OF DEATH?	
U 21A. ACCIDENT WAS UNDERLYING	218 BLACE OF INITIBY to a in	or opening C WHERE DID	III in Politime in	City sive speet le	
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of	fice bldg., INJURY OCCUR?	iii in aoisimote	City, give exact la	C04011/
DEATH (notify medical examiner)	etc.)				
OF INJURY Month) (Doy) Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?		
(APPROX)	While At Work Not While		ALC: U	/	
			12 5	M-3	6
22. I certify that (1) (this haspital) attended	ed the deceased from	Ref L. 1	9 6 / 10 Je	(-1	19 6
tho (1) (we) lost saw the deceased alive	on Sept 3	19. 6.7. ond the	it in (my) (our) api	nion deoth occurr	ed on the dote
and hour and from the couses stated above	e. (D(We) (did) (did not) v	iew the body ofter death.			,
23A. SIGNATURE				23B, DATE SIGNED	-
JK II T	M.D. Atte	nding Med.	Stoff	Soft	-1,5
Durchard	Phy:		Stoff Phys.	Defil 5	164
23 C. PHYSICIAN'S NAME I Typel	, , ,	23D. ADDRESS	11	, ,	
John C. Kill	to hapt M.D.	1212 hio	ht St	TREET	,
24A. BURIAL CREMATION, 24B. DATE 24	C. NAME of CEMETERY OF CRE	MATORY 24D/LC	CATION (Ci	ty, town, or county)	(Stote)
REMOVAL (Specify)					
	len Haven Men		en Burnie,		
Amm A	ME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDI	
SEP 6 1967 12.00	. Pr. S. Frathame	JOHN FO DEN	INY, INC.	715 Ligh	t St.
VS 150-REV. 1/1/65					



MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

BIRTH NO. M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD (Type or Print) WHISMAN ROGER September 2, 1967 12:10 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) B. COUNTY Marvland Baltimore (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR INSTITUTION C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Essex D. STREET ADDRESS (If rurol, give location) Baltimore City Hospital 841 Brunswick Road 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) If Under 1 Yr. If Under 24 Hrs. WIDOWED, DIVORCED(specify) Months, Days, Hours, Min. x28x 26 5/3/41 White Male MARRIED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) USA Virginia 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME JIM WHISMAN MARKARKKXKANKO MARGARET CAUDILL 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL ADDRESS (Yes, no or unknown), (If yes, give wor or dotes of service) SECURITY NO. unknown BARNETT FUNERAL HOME . MARION, VA. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH Pneumonia complicating subdural DISEASE OR CONDITION DIRECTLY LEADING TO DEATH hematoma (This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST, (C)... TIFICATION 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. CER. 19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20B. IF YES. WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 7-24 and 7-26 Yes Subdural hematoma Yes 21 A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimore City, give exact lacation) home, form, factory, street, office bldg., INJURY OCCUR? UTING CAUSE OF DEATH. Unknown Unknown Σ 21E. INJURY OCCURRED 21D TIME (Month) (Doy) (Year) (Hour) 21 F. HOW DID INJURY OCCUR? OF INJURY (APPROX.) NOT WHILE Unknown Presumably fell m. WORK 22. AutopsyX I certify that I held on Inquiry Inspection and that on this bosis, death in my opinion Accident X Suicide resulted from: Natural couses Homicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER X SIGNATURE M. D. Charles S. Springate, M.D. EXAMINER'S ASSOCIATE MEDICAL EXAMINER September 3, 1967 NAME (Type) 23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY OF CREMATORY 23D. LOCATION (City, town, or county) REMOVAL (Specify) BURTAL 9/4/67 SUGAR GROVE CEMETERY SUGAR GROVE, VIRGINIA 24A. DATE REC'D BY HEALTH DEPT. 24B, NAME OF REGISTRAR 24C. FUNERAL DIRECTOR ADDRESS HOWARD H. HUBBARD 4107 WILKENS ARE. 21229

VS 151-REV. 1/1/65

	K-15
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such deceased prior to death) with the obtained before the remains are embalmed or final disposition is made.
	a hospitause of teg. (5) Dondance
	buting oned causium attendance
2	ath occur r contri determi in regu decease
N	direct or call (4) Under the was in the deco
PORTA	is assista any king ced dea ndance or final
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
RECTO	examin (3) A fra In who in regu
RAL D	f medical medical y burns; physicio ian was e remain
FUNE	the chie al by a (2) Bod ere the o physic efore th
	oved by e hospite nature; cept wh nd (6) N
	be appred to the property of any pital (expected); and the property of a
	as releas n accide at a hos ior to de roval mu
	body we ws: (1) A D.O.A.
	This the show was decement

BIRTH NO	6'	/ 8469	TE OF DEATH Register	red No. 67., 8469
M.E. CA	SE NO.	CERTIFICA	2. DATE AND HOUR OF	DEATH
(Type or	JOSEPH K	IANES .	AUG 31,196	2 19:15 A, M
	NAME OF (If not in hospito	ARYLAND	4. USUAL RESIDENCE (Where deceased li	WANNESS (Delication of the control o
HOSPI	ITAL OR oddress or locoti	on)		ts, write RURAL and give township)
5.	INAI HOSPITA	OF BALTIMORE	D. STREET ADDRESS (If rurol, give loc	33-00 rotion)
5. SEX	42 6. RACE	7. MARRIED, NEVER MARRIED	4400 OLD COURT ROAD,	APT D
MALE	WHITE	WIDOWED, DIVORCED (specify) MARRIED ORKITOB, KIND OF BUSINESS OR INDUSTRY	B. DATE OF BIRTH JAN. 17, 1905 62	Months Doys Hours Min.
SALES	ng most of working lile, even if retired) MAN		BALTIMORE, MARY LAND	12. CITIZEN OF WHAT COUNTRY?
13. FATH	ERS NAME		14. MOTHER'S MAIDEN NAME	
MAXX	HYMAN KIPPNES Deceased Ever in U. S. Armed Fo		REBECCA SPEERT	
Yes, no o	runknown) (If yes, give wor or do	orces? les of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS D
18.		CAUSE O	MRS. SYLVIA KIPPNES,	4400 OLD COURTROAD, AP
UNI	ANTECEDENT CAUSE EASES OR CONDITIONS, if Io the obove couse (A) DERLYING CONDITION lost. II HER SIGNIFICANT CONDITIONS THE DEATH BUT NOT REL	ony, giving) stating the (C)	CINOMA OF LUNG	5 37/gsa,
A DISE	DATE OF OPERATION 198. CO		20 A. AUTOPSY? (Yes or No) 20 B. IF YES	S, WERE FINDINGS CONSIDERED TING CAUSES OF DEATH?
A DEA	ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF TH (notify medical examiner)	218. PLACE OF INJURY (e.g., in home, form, foctory, street, or etc.)	n or obout 21 C. WHERE DID (If in	Boltimore City, give exact location)
S OF I	TIME (Month) (Doy) (Yeor NJURY POX)	d) (Hour) 21E, INJURY OCCURRED While At Not While At Work At Work		· E, —
thot	(1) (we) lost sow the decease hour and from the causes sta	ol) ottended the deceased from	7/18 19 6 7 to	bur) opinion death accurred on the date
230.	PHYSICIAN'S NAME (Type)	Solon Phy	ending Med. Stoff Phys. 23D. ADDRESS	23B, DATE SIGNED
	RIAL CREMATION, 24B, DATE	24C. NAME OF CEMETERY OF CRI	EMATORY 24D, LOCATION	(City, town, or county) (Stote)
	IRIAL 9/1/6	7 NEW HAR SINAI	GARRISON,	
LUA. UA	SEP 6 1967	A P. A. S. Stallen M.A.		INC. 6010 REISTERSTOWN
VS 150-R	REV. 1/1/65	Arthur Jan	SOL LEVINSON & BROS.	THE WILL VETSICIONA

the state of the thermal way in the state of CHARLET L. T.

BIRT	H NO.	MEDICAL I	EXAMINER'S CI	ERTIFICA	TE OF D	EATH Registe	red No. O	84	170
M.E	CASE NO.								
	WILLIAM	н.	CANIN			t 31, 1967		11:00	A.,
UL IOS	LACE IN BALTIMORE, MARY L NAME OF (IF NOT I SPITAL OR ADDRESS TTUTION		TITUTION, GIVE STREET	Mary .	land WN (If outside	deceosed lived, If insti B. COU corporate limits, write	INTY		
200	Sinai Hospita	1 (DOA)		D. STREET ADD	imore RESS (If rurol, Gist Ave				1
. SI		WIDOWE	ED, NEVER MARRIED D, DIVORCED(specify)	B. DATE OF BIRT	Н	9. AGE (In years lost birthday)	If Under 1 Y Months Doy		
one	Male Whit USUAL OCCUPATION (Give during most of working life, ever proprietor	r if retired)	rried Of Business Or Industry Staurant				12. CITIZEN CONTRACT	OUNTRY?	
F	ATHER'S NAME ATTY Canin VAS DECEASED EVER IN U. no or unknown, iff yes, give to	S. ARMED FORCES?	16. SO CIAL	Philadely 14. MOTHER'S M Celia 17. INFORMANT	AIDEN NAME	?	ADDRESS		
		11 Army	188-09-4668	Mrs. Joo	na Caraina	. 5706 Gist			1.5
7	ANTECEDENT DISEASES OR CONDITION RISE TO THE ABOVE CAN UNDERLYING CONDITION	ONS, IF ANY, GIVIN	G (B)						
EKTIFICATION	OTHER SIGNIFICANT CO	NOT RELATED TO							
CERTI	DISEASE OR CONDITION 19A. DATE OF OPERATION	198, CONDITION FO		NX	Yes	20B. IF YES, WERE FII	SES OF DEATH	?	Yes
EDIC	21A. EXTERNAL CAUSE WA UNDERLYING OR CONTRIB UTING CAUSE OF DEATH	- h	B. PLACE OF INJURY (e.g., ome, form, foctory, street, oc.)	in or about 21 C. V	HERE DID	lf in Baltimore City, gi	ve exoct location	on)	
Σ	21D TIME (Month) (D OF INJURY (APPROX.)		21 E. INJURY OCCURRED WHILE AT NOT WORK AT W	WHILE	DENI DID WO	RY OCCUR?			
		ld on Inquiry				s basis, deoth in n			
	resulted from: N	otural couses A	Accident Suicide	CHIEF M	EDICAL EX			ATE SI	GNED
	SIGNATURE LUC	Jus 1. Springer U. Springer	itz, M.D.	ASSISTANT M				8/31	L/67

23A, BURIAL CREMATION, 23B. DATE REMOVAL (Specify)

25C. NAME of CEMETERY or CREMATORY

23D. LOCATION (City, town, or county)

(Stoto)

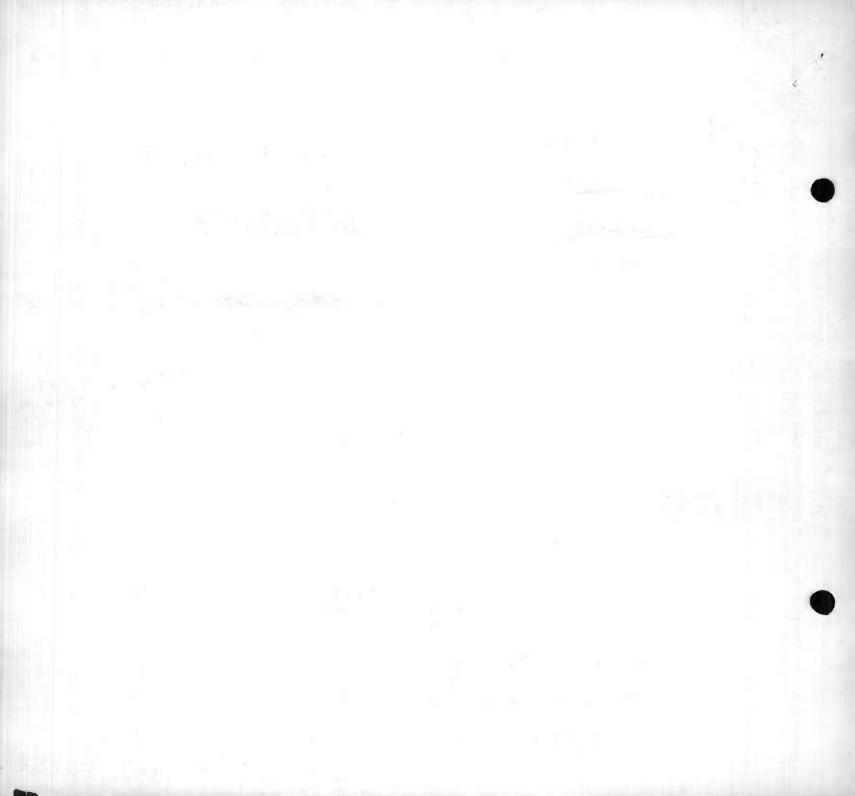
Burial 9/1/67 Beth El Memorial Park Randallstown, Maryland
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR 24C. FUNERAL DIRECTOR ADDRESS

Relate, Farleyer Sol Levinson & Bros. Inc., 6010 Reist., Rd.

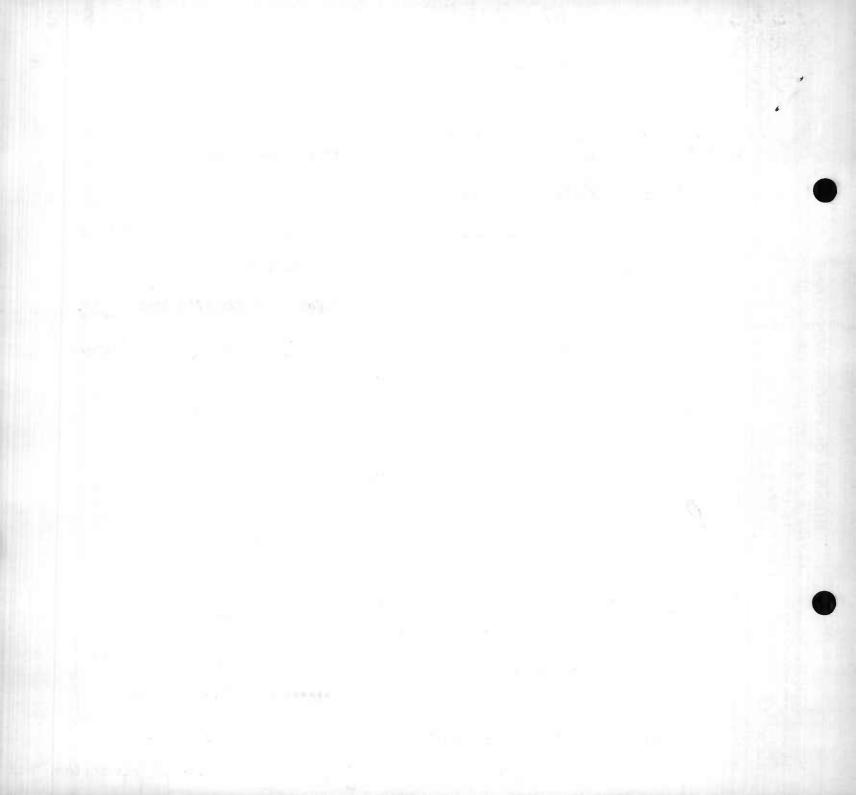
Proposiotics Sentences Policialotyleia, Sentential College The Control of the Co

IMPORTANT

FUNERAL DIRECTOR:



67	8472 BALTIMORE CIT	Y HEALTH DEPARTMENT		CD OAMO
BIRTH NO.	CERTIFICA	ATE OF DEATH	Registered No.	0/ 84/2
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print)	>	2, DATE AN	10 HOUR OF DEATH	1 /1:10 A
3. PLACE OF DEATH IN BALTIMORE, MARYLA	AND	4. USUAL RESIDENCE (When		institution: residence before admission
FULL NAME OF (If not in hospital or in	stitution, give street	Maryland	"	
HOSPITAL OR oddiess of location) INSTITUTION	and and and and		tside city limits, write	RURAL and give township)
a Loundale Hebra	en Home &	Baltimore		0/=//
Tuliman		D. STREET ADDRESS (III)	Auonio	
5. SEX 6. RACE 7, /	MARRIED, NEVER MARRIED	8. DATE OF BIRTH	9, AGE (In years	If Under 1 Yr. , If Under 24 H
Male White	WIDOWED, DIVORCED (specify)	9/15/86	lost birthday)	Months Doys Hours Min.
IOA, USUAL OCCUPATION (Give kind of work 10B, done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or fore	gn country)	12, CITIZEN OF WHAT COUNTRY?
	Newspapers	Unknown		USA
13. FATHER'S NAME	тем рирои	14. MOTHER'S MAIDEN NA	ME	uon.
Unknown		Unknow	n	
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give war or dates of	service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
yes, give no. s. doles of	SECORITI NO.	Isadore Horo	wiita 3711	Rangealt Dd
18.	CAUSE	OF DEATH	3/14	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECT	TLY	0.0	1 -	ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dy)	ng, e.g., DUE TO	aveluous of St	omady c	- Iyear
heart foilure, osthenio, etc. It means the	diseose,	0		
injury or complication which coused dea		Metestans		
ANTECEDENT CAUSES	DUE TO			
DISEASES OR CONDITIONS, if ony, rise to the obove couse (A) sto				
UNDERLYING CONDITION lost.				
Z OVUST SIGNIFICANT CONTROLS SOAN	FRIRITALC			
OTHER SIGNIFICANT CONDITIONS CONTO TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORN 21A. ACCIDENT WAS UNDERLYING	TO THE 120	0		
19A. DATE OF OPERATION 19B. CONDITION	ON FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
WAS PERFORM	MED		IN CERTIFYING C.	AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimo	ore City, give exoct location)
W OF INTITION	out) 21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX)	While At Not Wh			
22. I certify that ((this hospital) at			19 67 10	9 (2 1967
that ((we) lost sow the deceased o	live on 92	19 6 7 ond th	of in (pinion death accurred an the d
ond hour and fram the couses stoted	obove. M (We) (did) (didau)	view the body ofter death.		
23A. SIGNATURE	1			23 B. DATE SIGNED
Ju San LOS		tending Med.	Stoff Phys.	9/2/6/
23C. PHYSICIAN'S	X	23D. ADDRESS		11-10
NAME (Type)	M.D	. Strat+ Lev	indale Age	d Home
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY of C	REMATORY 24D, L	OCATION (C	City, town, or county) (State
Burial 9/3/1967	Roth Homodrach	landal	Baltimore,	Manuland
	Beth Hamedrosh to NAME OF REGISTRAN	25C, FUNERAL DIRECTOR		ADDRESS
SEP 6 1967. (i)	Dut & Farburas	Sol Lovinson	8 Bros . 60	10 Reisterstown Ro
VS 150-REV. 1/1/65	9-67-6		2 5.000	



IMPORTANT

FUNERAL DIRECTOR:

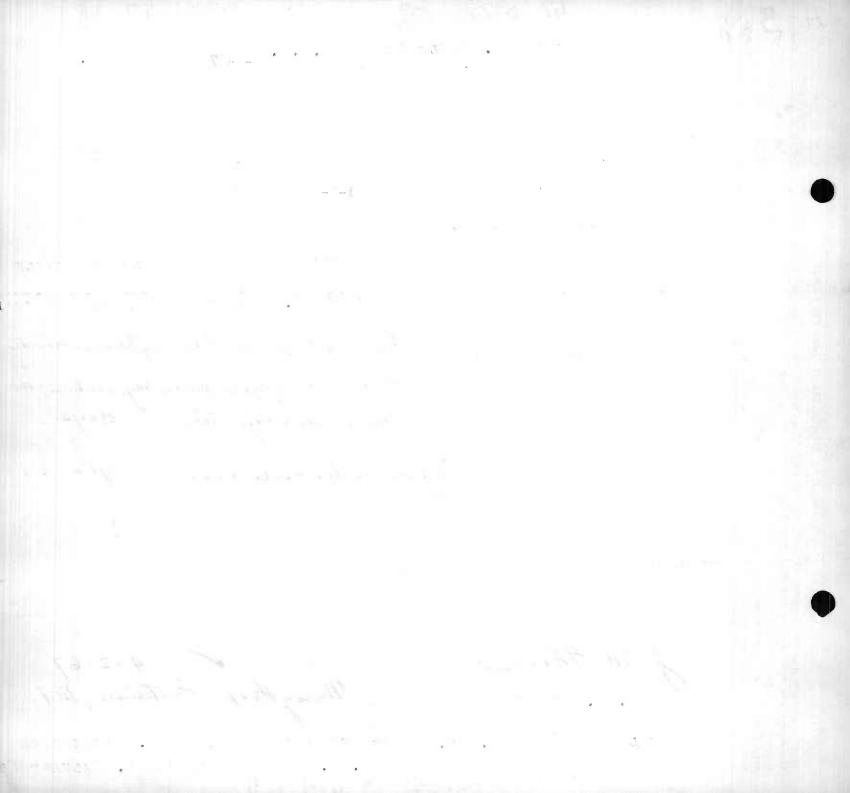
BALTIMORE CITY HEALTH DEPARTMENT

garden State of the State of th Constitution of the second 1 5 7 yla 10 +5 8 5 1, she Company Office 5701 Bus 1047 17 PA

S-310 BIRTH NO. 67 8474 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.67 8474

BIRTH NO.	MILD	ICAL LA	MAMINALK 3 C	LKIII ICATL OF	DLA III Kegiste	ited Nd.
M.E. CASE NO.	EACED			IO DATE AN	S HOUS BROWDING	ED DEAD
1. NAME OF DEC		ECCA	CADOME		D HOUR PRONOUNC	
2 DI ACE IN BALTI	MORE, MARYLAND, V	ECCA	SADOVE		ember 3, 19	67 9:50 A. M. itution: residence before admission)
S. PLACE III BALII	MORE MARIEAND, V	HERE PRONOL	SINCED DESIGN	A. STATE	B. COU	INTY
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	JTION, GIVE STREET	C. CITY OR TOWN (If outside		RURAL and give township)
HOSPITAL OR	ADDRESS OR LOC	A IION)				15-11
00				Baltimon D. STREET ADDRESS (If rural,		1010
391	3 Dolfield .	Avenue			field Avenu	o Ant
5. SEX	6. RACE	7 AAADDIED	NEVER MARRIED	8. DATE OF BIRTH		II Under 1 Yr. If Under 24 Hrs.
			DIVORCED(specify)	O. DATE OF BIRITI	9. AGE (In years last birthday)	Manths Doys Hours Min.
Female	White		rried	April 1, 1890	77	
done during most of w	orking life, even if retired)	FIOR KIND OF	F BUSINESS OR INDUSTR	Y II. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
	sewife	At	Home	Poland		USA
3. FATHER'S NAM	E			14. MOTHER'S MAIDEN NAM	E	
	?	Most		Unknown		
	O EVER IN U.S. ARMEI		16. SO CIAL SECURITY NO.	17. INFORMANT		ADDRESS
			No	Mr. Harry Sado	ve 3913 Dol	Efield Avenue Apt.
18. //	4.70		CAUS	OF DEATH		INTERVAL BETWEEN
DISEAS	I E OR CONDITION D	IDE CELV				ONSET AND DEATH
DISEASES OF RISE TO THE UNDERLYIN OF THE SIGN TO THE I DISEASE OR	NTECEDENT CAUSE CONDITIONS, IF A BOVE CAUSE (A) S G CONDITION LAST. II DEFICANT CONDITIONS DEATH BUT NOT RE CONDITION CAUSIN OPERATION [198, CO)	CONTRIBUTING TATING THE	HE	20A. AUTOPSY? (Yos ot No)	DOR 15 YES WEDE 51	NDINGS CONSIDERED
3		REDRED	WINCH OFERATION	No	IN CERTIFYING CAU	
21 A. EXTERNAL UNDERLYING CAUS	OR CONTRIB-	21 B. home otc.)	PLACE OF INJURY (e.g., , lorm, foctory, street,	in or about 21C. WHERE DID office bidg., INJURY OCCUR?	(If in Baltimaro City, gi	ve exoct lacotion)
21D TIME OF INJURY (APPROX.)	(Manth) (Doy) (Yea			21F. HOW DID INJ	URY OCCUR?	
22. 1 certi	ify that I held an	Inquiry 🗌	Inspection X Au	topsy and that on th	is basis, death in n	ny opinian
	ed fram: Natural co		Accident Suicio		Undetermined mann	
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EXAMINI NAME (T		es S. Sp	ringate, M.D.	ASSOCIATE MEDICAL E	XAMINER	September 3, 1967
REMOVAL (Specify)		23	C. NAME OI CEMETERY	OI CREMATORY 23 D. L	OCATION (City,	, town, as county) (State)
Bur		1.1967	Shaanoi Tli	loh, Windsor Mil	P. Rd. Raltin	none Manufand
24A. DATE REC'D			OF REGISTRAR	24C. FUNERAL DIRECTOR		ADDRESS
	SEP 6 1967	Royl	5, E. Farleyma	Sol Levinson	& Bros. 601	O Reisterstown Ro
VS 151-REV. 1/1/6		7	57-01	0 0 1 7 1	1	

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8476 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. BIRTH NO. M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD 12:40 A. M. JOHN GRAVES September 4, 1967 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE
B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD Maryland
CITY OR TOWN (If outside corporate limits, write RURAL and give township) (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR Baltimore St. Agnes Hospital (DOA) D. STREET ADDRESS (II rurol, give location) 21 230 2627 Georgetown Avenue 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years II Under 1 Yr. II Under 24 Hrs. Months, Days, Hours, Min. WIDO WED, DIVORCED (specify) lost birthdoy 20 June 8, 1947 Male White Single 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Maryland U. S. 4. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Evelyn Bradley Joseph H. Graves 7. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 16, SO CIAL 21230 (Yes, no or unknown), (If yes, give wor or dates of service) SECURITY NO. Mr. Joseph H. Graves 2627 Georgetown Ave. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Multiple Injuries (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO ON OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE CERTIFIC DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 198, CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED No 21A, EXTERNAL CAUSE WAS UNDERLYING FOR CONTRIB-218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (II in Boltimore City, give exoct locotion) home, form, loctory, street, office bldg., NJURY OCCUR? Patapsco Avenue - 336 ft. E. MEDI UTING CAUSE OF DEATH. of Poplar Avenue Street 21F. How DID INJURY OCCUR? Subj. passenger in auto -21D TIME (Month) (Doy) 21E. INJURY OCCURRED (Yeor) (Hour) OF INJURY 12:05 A WHILE AT (APPROX.) NOT WHILE! 9/4/67 vehicle struck telephone pole AT WORK Inspection X Autopsy I certify that I held an Inquiry and that an this basis, death in my opinian Accident X resulted from: Natural causes Spicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINER SIGNATURE 9/4/67 ASSOCIATE MEDICAL EXAMINER EXAMINER'S Werner U. Spitz, M.D.

NAME (Type) 23A, BURIAL CREMATION, 23B. DATE REMOVAL (Specily)

9/8/67

23C. NAME of CEMETERY or CREMATORY

Sacred Heart Cemetery

23D. LOCATION Bushwood, Md.

(City, town, or county)

St. Marys Co.

24A, DATE REC'D BY HEALTH DEPT.

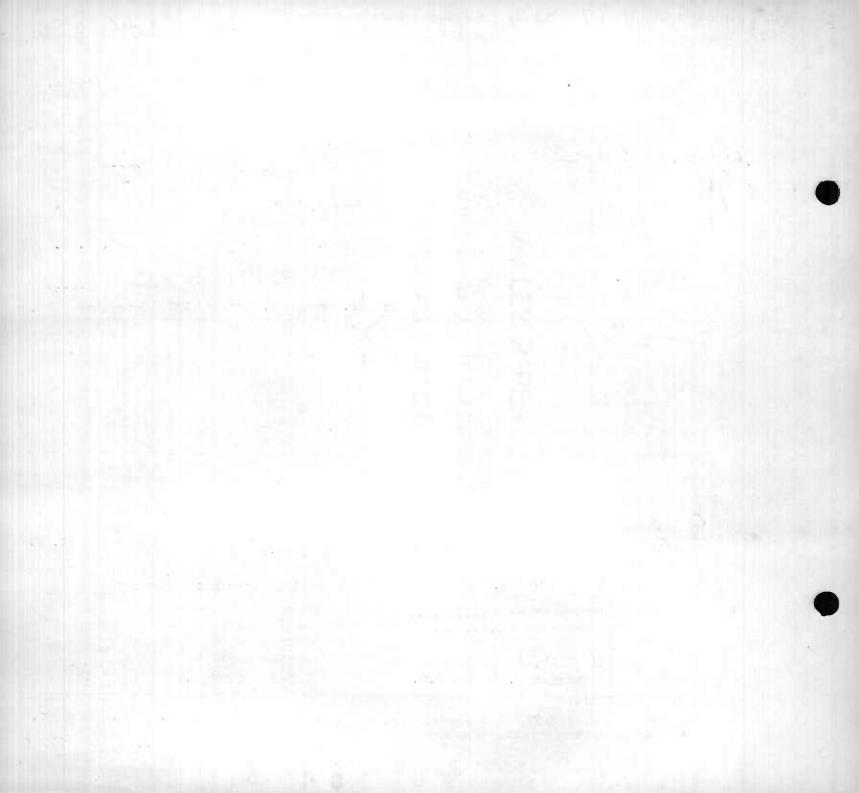
24B, NAME OF REGISTRAR

24C. FUNERAL DIRECTOR united Home 237 Patapsco Ave

ADDRESS

VS 151-REV. 1/1/65

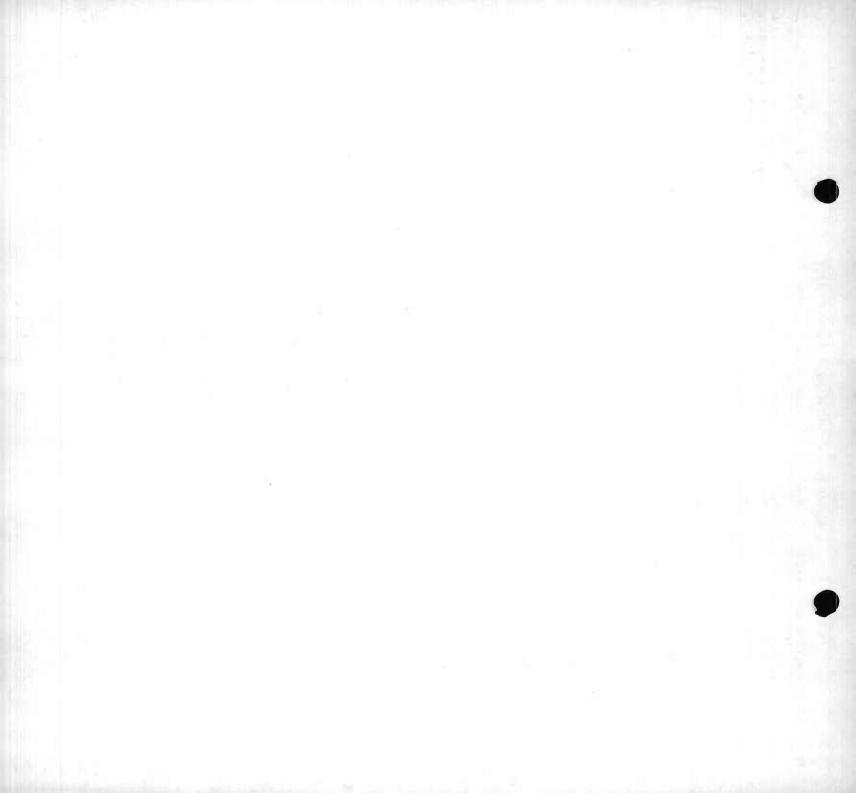
Burial

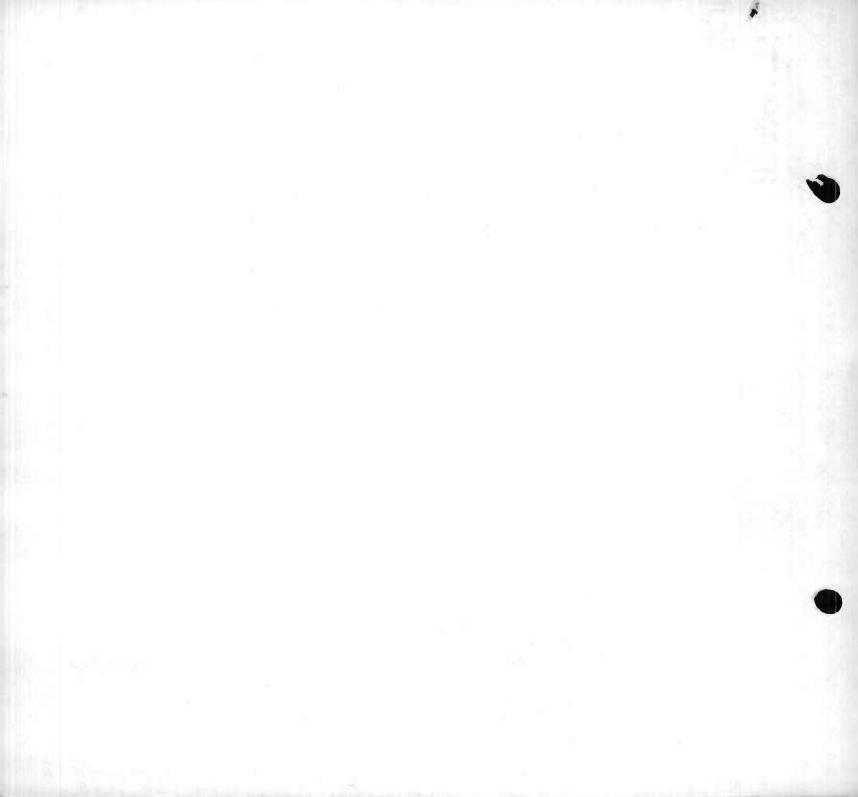


BALTIMORE CITY HEALTH DEPARTMENT Registered No. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. SEPTEMBER 5 Walker 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission)
A. STATE
B. COUNTY MARYLAND C. CITY OR TOWN (If outside city limits, write RURAL and give township) (If rurol, give location) 3720 2ND 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours : Min. Hours lost birthdoy) 81 0/20/85 MALE WHITE MARRIED 10/20/05 01
10A. USUAL OCCUPATION Give kind of work 108. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? MARYLAND USA 14. MOTHER'S MAIDEN NAME KAHL ANNA KAHT 17. INFORMANT ADDRESS -ST AGNES HOSPITAL ADMISSION SLIP CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH Massive Cerebral Thrombosic 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20A. AUTOPSY? (Yes or No) 2 PB. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Bottimore City, give exact location) 21 F. HOW DID INJURY OCCUR SEPTEMBER AUGUST 67 and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated above. (M) (We) (did) (did not) view the body after death. Stoff Med. Director 23D. ADDRESS 24C, NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote) A. A. Co. Md. 25C. FUNERAL DIRECTOR ADDRESS 237 Patapsco Ave VS 150-REV. 1/1/65

speciation 8-24-67 received by phone to It agreed - 9-7-67

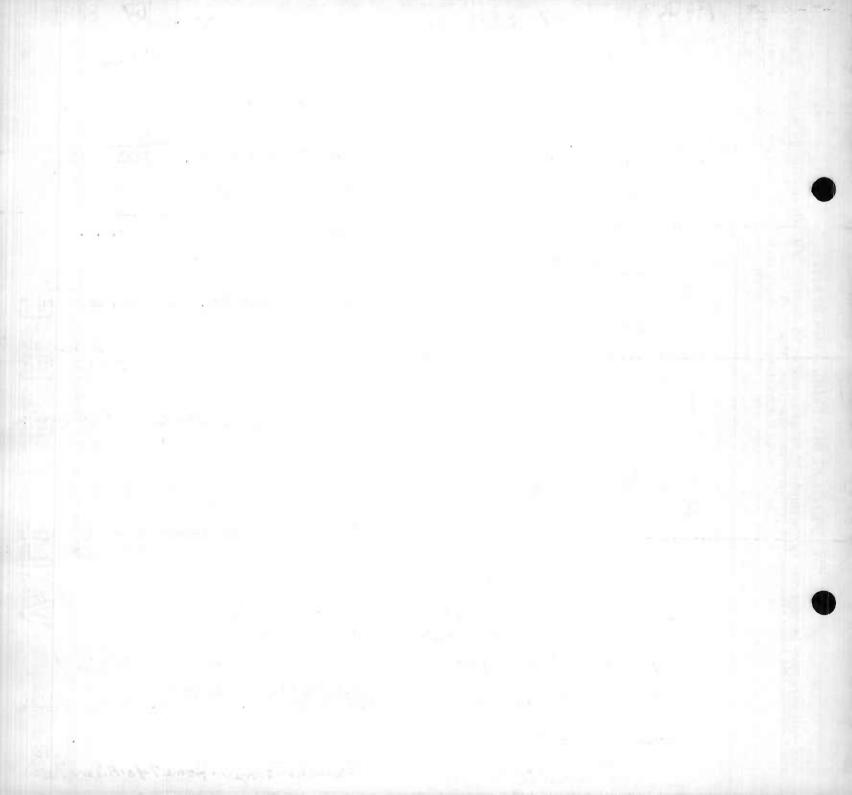
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BALTIMORE CITY HEALTH DEPARTMENT

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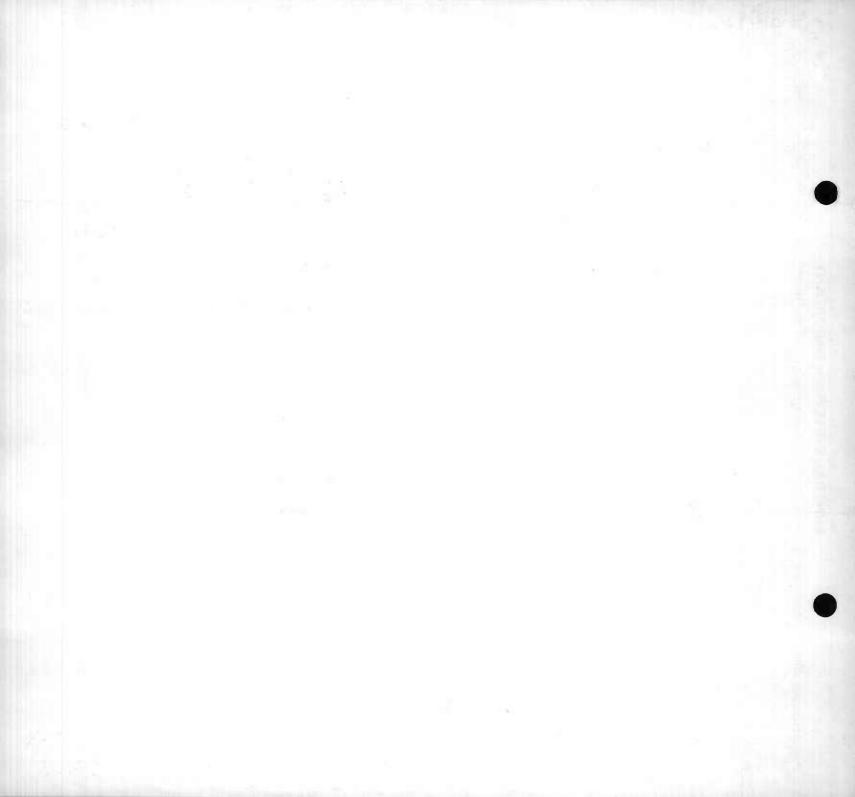
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CARDLYN C. D. SE, TE. V.L.S. J. "; N. T. D. C. T. LKERS A. MES

0 o ±	PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If i	nstitution: residence before
dec dec	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, write	RURAL and give township)
3 E .	42 Sinai Hosp	D. STREET ADDRESS (If rural, give location)	27-11
0 0 0	S. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (spec		If Under 1 Yr. If Under Months Doys Hours
determin in regul leceased ion is ma	OA, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INC	0	12. CITIZEN OF WHAT COUNTRY?
	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	USA
	5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown III yes, give wor or doles of service SECURITY NO	Rebecca 17. INFORMANT	ADDRESS
de de fina	NO	MR HARRY BROOKS	5116 ARBATI
nce nce end d o	78 01		ONSET AND DE
5 5 P E	(This does not meon the made of dying, e.g., DUE heart failure, asthenia, etc. It means the disease,	Prob. myocardial infarction	\ hpu
t = 8.0	injury or complication which coused death.)	A = -	
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urns; (3) A fr ysician who was in regi	ANTECEDENT CAUSES DUE DISEASES OR CONDITIONS, if any, giving rise to the abave couse (A) stating the UNDERLYING CONDITION lost.	TO	years years
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6-	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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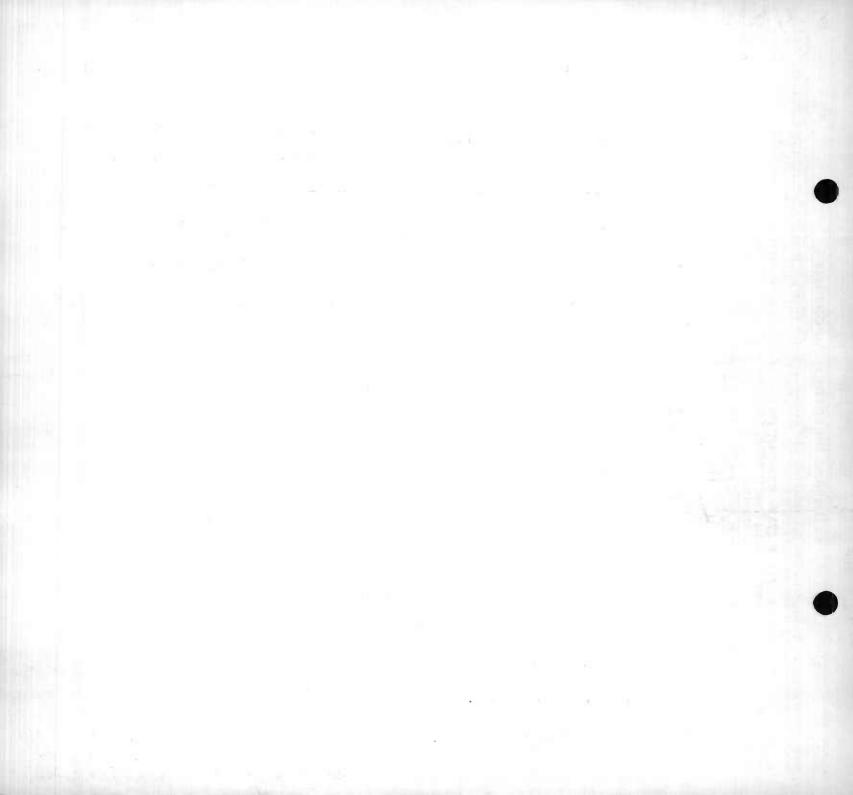
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	OF DECEASED			2. DAT	E AND HOUR OF DEAT	гн		
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	16 Hollins Ferry				OUNTY		ence before odn	
FULL	NAME OF (If not in hospito oddress or locoti	l or institution, g	give street	Maryland	Baltimore			
INSTIT	TUTION	•	1	Baltimore	If outside city limits, write	te KURAL and giv	ve lownship)	47
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~	J. 11910.00	14 0	1	3216 Holl	Lins Ferry Ro	ad		
. sex Ma]	6.RACE		NEVER MARRIED , DIVORCED (specify) Cied	8. DATE OF BIRTH 7-31-03	9. AGE (In years lost birthday)	If Under 1 Months Do	Yr. If Under	24 Hr Min.
٥À. U SU	JAL OCCUPATION (Give kind of wo	rk 108, KIND OF			foreign country)	12. CITIZEN		
one duri	ing most of working life, even if retired)		e goods			WHAT	COUNTRY?	
3. FATE	TERS NAME	1 401146	90000	14. MOTHER'S MAIDEN		U.S.	A.	
5. Was	Deceased Ever in U. S. Armed Fo	orces?	1 6. SOCIAL	GERTRUDE I	BAKER	Ar	DRESS	
res, no o	orunknown) (If yes, give war or do	tes of service)	SECURITY NO.					
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	ANTECEDENT CAUSE		DUE TO				. * *	
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	DERLYING CONDITION last.	, stating the	(6)			~ 0 ~ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	*************************	
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A DIS	EASE OR CONDITION CAUSING	IT.		100.4	NI V con to			
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OR DEA	ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF	21 B. hom etc.)	e, form, foctory, street, o	n or obout 21C. WHERE D	ID (If in Soltin R?	nore City, give es	xoct location)	
Q 21 D	· TIME (Month) (Doy) (Year	r) (Hour) 21E.	INJURY OCCURRED	21F. HOW DIE	INJURY OCCUR?			
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	t (1) (we) lost sow the deceo		,		d that in (my) (our)	opinion deoth o	occurred on t	he do
	hour and from the causes st	oted obove. (I) (We) (did) (did not) v	riew the body ofter de	oth.			
23A.	SIGNATURE	1 11		ending Med.	Stoff V	23B, DATE S	IGNED /	
	Meraun	w lu	160 - Phy	s. Director	Phy s.	9	13/67	
23 C.	NAME (Type)			23D. ADDRESS		11		
	1 ALEIN	NDAD	MESIA M.D.	St. Clan	to floor	120 .		
	RIAL CREMATION, 248. DAVE	24C.NA	AME OF CEMETERY OF CR	EMATORY 24	D. LOCATION	(City, town, or co	ounty) /	Stote)
1	MOVAL (Specify) 9/6	67/2	Iday Pro	v c	Kaltiman	0.	MI	
25A. DA	TE REC'D BY HEALTH DEPT.	258. NAME C	OF REGISTRAR	25C FUNERAL DIRE	CTOR A		ADDRESS	
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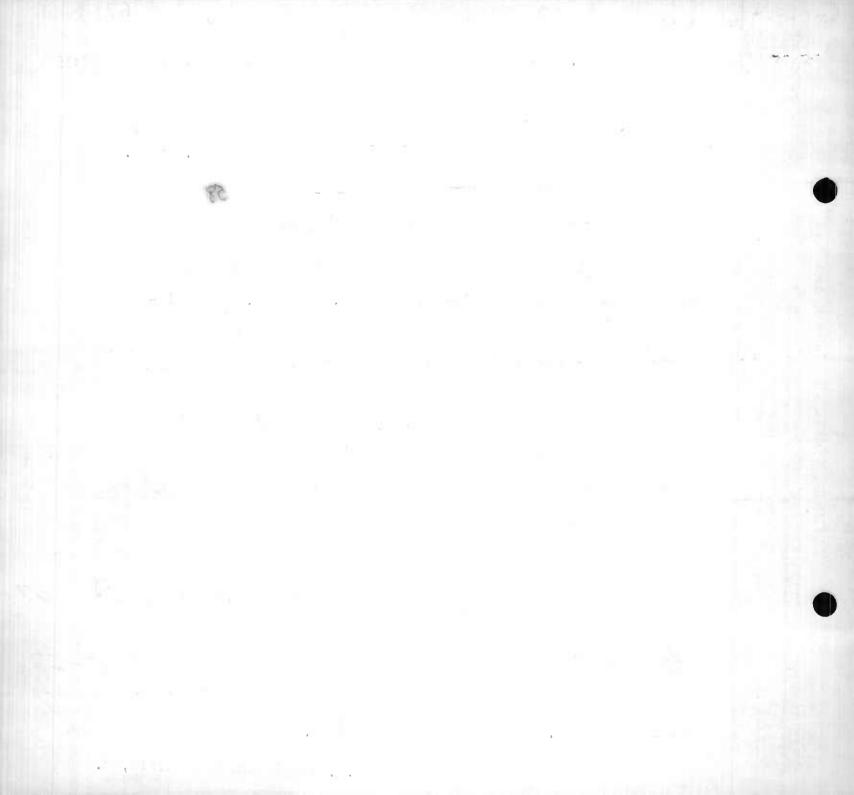
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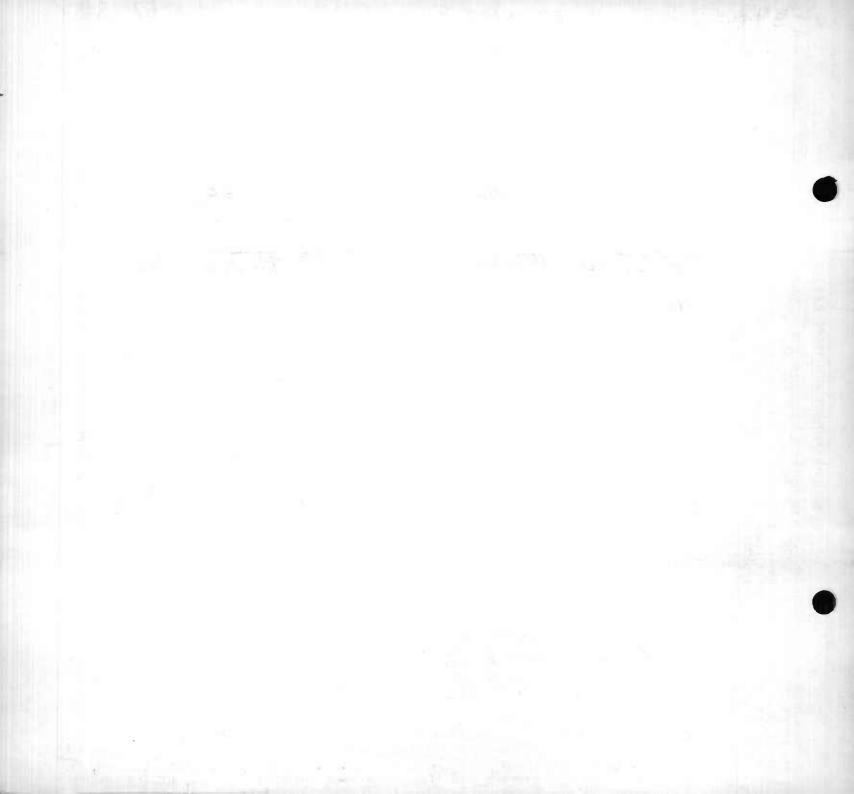
FUNERAL



	67	84	BALTIMORE CITY	HEALTH DEPARTMENT		67 8486		
BIRTH NO.	07	. 04	CERTIFICA	TE OF DEATH	Registered No.	01 0400		
M.E. CASE NO.					ND HOUR OF DEATH			
(Type or Print)	JOSEPH T. GA.	IEWSKI			tember 4, 19	967 10:35 A		
3. PLACE OF D	EATH IN BALTIMORE, MA	RYLAND	THE SAME THE STA	4. USUAL RESIDENCE (Whe	re deceased lived. If in	stitution: residence before admissi		
FULL NAME HOSPITAL OF		or institution,	give street	Maryland	How			
INSTITUTION	St. Agnes Hos			C. CITY OR TOWN (III outside city limits, write RURAL and give township) Elkridge D. STREET ADDRESS (If rural, give location)				
1/0		-	nuas Palta Md					
40	Caton & Wilke	ens ave	nues Balto. Md	6920 Washingt		alto. 27		
5. SEX	6. RACE		NEVER MARRIED D, DIVORCED (specily)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 H Months: Days Hours Min.		
Male	White		rried	12-13-08	57 yrs	Williams Day's Hours Williams		
		10B. KIND O	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore		12. CITIZEN OF		
one during most of Se	of working lile, even if retired)	Us	ed Car Lot	Poland		USA COUNTRY?		
3. FATHER'S NA	AME			14. MOTHERS MAIDEN NA	ME			
John	Gajewski			Frances	Delinski			
5. Was Decease Yes, no or unknow	ed Ever in U. S. Armed For wn) (II yes, give war ar date	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
по			214-18-0498	Mrs. Emilia V	/. Gajewski	- Wife		
1B. L.L.	ULLIV		CAUSE O	F DEATH		INTERVAL BETWEEN		
DISE	ASE OR CONDITION DIR	CCTI V		1	0	ONSET AND DEATH		
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19A. DATE C	OF OPERATION 198. CON	DITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes of No	ON CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?		
21A. ACCID	ENT WAS UNDERLYING	218	L PLACE OF INJURY (e.g., i	n or about 21 C. WHERE DID	(If in Boltimore	e City, give exact location)		
OR CONTRI	BUTING CAUSE OF	hor	ne, form, loctory, street, o	ffice bldg., INJURY OCCUR?				
U	ify medical examiner)	eic	,					
OF INJURY	(Month) (Doy) (Year)	(Hour) 21E	. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?			
(APPROX.)			nile At Not Whil	e		and the law and the		
		Wo	ork At Work	~				
22. I certif	fy that (I) (this hospital) attended t	he deceased from A.	regreat	195 3 to al	unist 196		
that (1) (we	e) lost sow the decease	d alive	H telan	/19 /2 7 and th	not in (my) (must soi	yon death occurred on the		
			1 100 1	7/	or many (par)sopr	Jon death occorred on the t		
		ed above. (1) (Watedid) (did Not) v	view the body after death.				
23A. SIGNAT	TURE	1.	1 0			23B, DATE SIGNED		
te	0215 k	1 11		ending Med.	Stoff Ph	9-5-67		
23C. PHYSIC	IANA LIVY	ne	aw My Phy	s. Director	Phys.	16		
NAME	(Type)		M.D.	560 9 mas	in St Cl	hole 27 m/		
4A. BURIAL CI		24C.N	AME of CEMETERY of CRI	EMATORY 24D. L	OCATION (C)	ity, town, or county) (State		
REMOVAL	(Specify)		dowridge Mem		kridge	Maryland		
Burlal				CTION LV.	122090	1102 9 2010		
SA. DATE REC'	DAY HEALTH DEPT.	25B. NAME	OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS		
	SEP 6 1967	12.00 B	& Falling	R.G. Singlet	on/Glen Bu	rnie,Md.		
S 150-REV. 1/1	1/65	PIO CIUC	A MICHAEL MAIL	iliono mendinos		•		



	4 () []	TE OF DEATH	Registered Na.	67 8487
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) Hincum Gleun W	Vinebaugen	Se	nd hour of death prember 3,	1967 2:50 M.
FULL NAME OF HOSPITAL OR INSTITUTION AMOSPITAL OR INSTITUTION AMOSPI		A, STATE B. COU Maxy and C. CITY OR TOWN 111 o Reiteus to	utside city limits, write	RURAL ond give township) RSTOUNS 3 - 00
M /1/ WIDO	IED, NEVER MARRIED WED, DIVORCED (specify) MARRIED	B. DATE OF BIRTH 5-27-07	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min,
10A. USUAL OCCUPATION (Give kind of work 10B. KINE done during most of working life, even if retired) Much & River		11. BIRTHPLACE (Stote or for North Cane	eign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHERS NAME	DANGEL 16. SOCIAL SECURITY NO. 214-12-3691	14. MOTHER'S MAIDEN NA Linder 17. INFORMANT HOSALFEL	ealrice ?	Johnson ADDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, head foilure, osthenio, etc. II means the dise	CAUSE O	onong az, to	heombosi's	INTERVAL BETWEEN ONSET AND DEATH 3 econds -
Injury at camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, given itse to the above cause (A) stating UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	ring Ihe (C)			sis years -
19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes of N	10) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
O 27 A. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	21B. PLACE OF INJURY (e.g., in home, loim, foctory, street, or etc.)	n or obout 21C. WHERE DID	(If in Boltimor	B City, give exact location)
21D. TIME (Month) (Doy) (Yeor) (Hour) OF INJURY (APPROX.)	21E INJURY OCCURRED While At Not While Work Not Work	2) F. HOW DID IN	JURY OCCUR?	
22. I certify that (I) (this hospital) attended that (I) (we) last saw the deceased alive and haur and fram the causes stated above 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) CESAR J. Political	an	3 19 and triew the bady after death.	hat in (my) (aur) api	DOD DATE SIGNED
24A. BURIAL CREMATION, 24B. DATE 24	C. NAME OF CEMETERY OF CRI Druid Ridge ME OF REGISTRAR	EMATORY 24D.	LOCATION (C	ity, town, or county! (State)

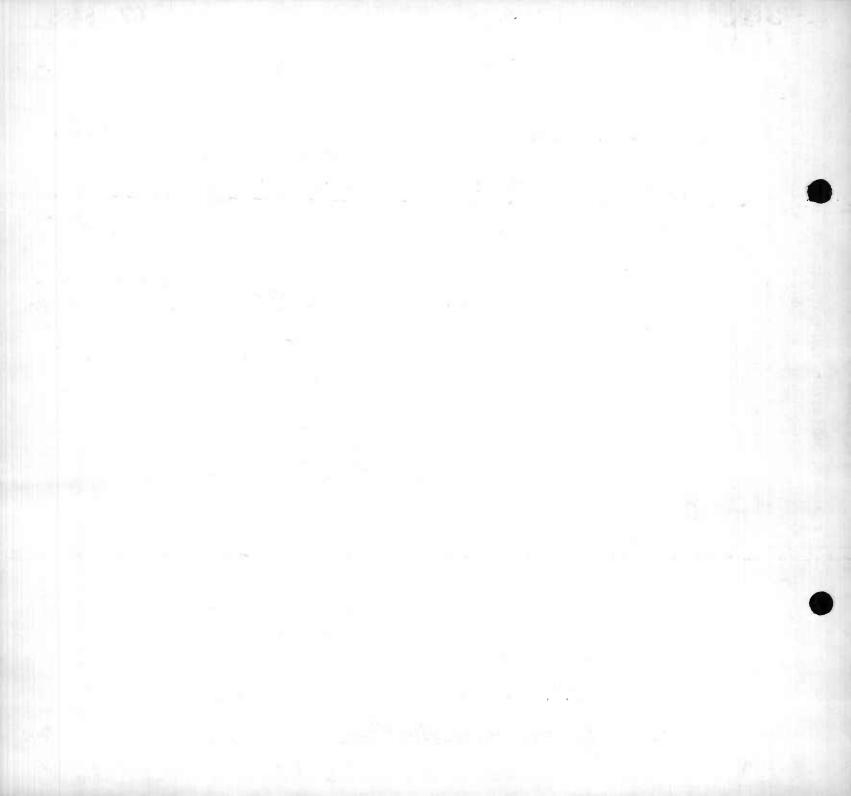


BALTIMORE CITY HEALTH DEPARTMENT

IMPORTANT DIRECTOR: FUNERAL

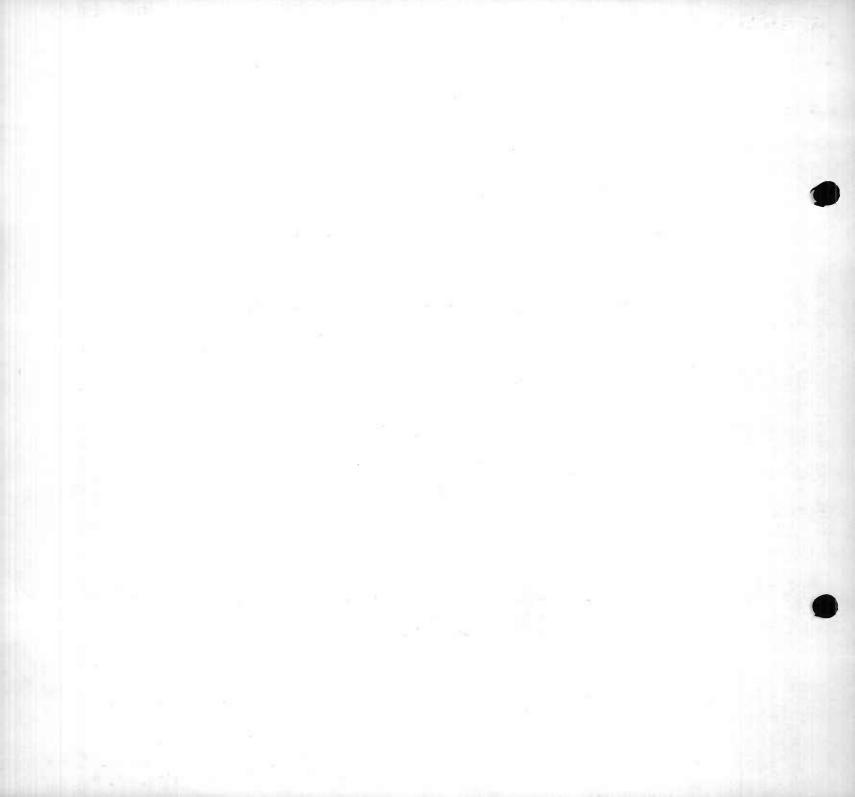
VS 150-REV. 1/1/65

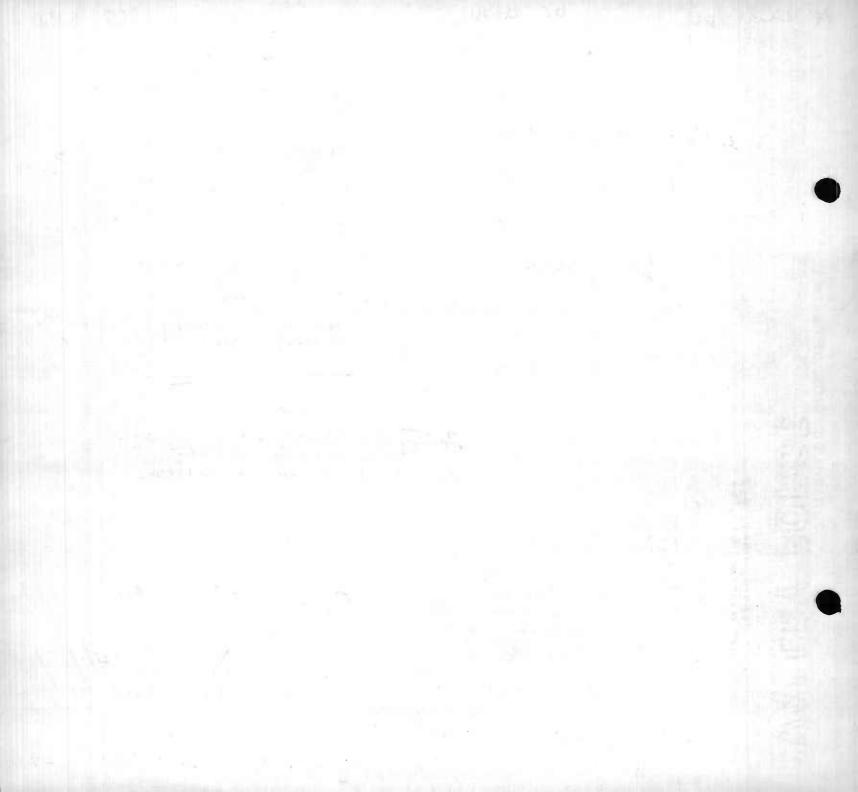
	11/4	101 10		M.
	A. STATE B. COU	ere deceesed lived. If	institution: residence befere	edmissien)
street	MARYLAND	HARF	ORD C	
			RURAL end give tewnship)	
ITAL	HARVE DE	GRACE	62-24	h
		f rurel, give lecetion)		
	450 CONGR	RESS AVE		
ER MARRIED	8-17-94	9. AGE (In years lost birthday)	If Under 1 Yr. If Und Months Deys Heurs	er 24 Hrs. Min.
INESS OR INDUSTRY	11. BIRTHPLACE (State er fe	reign country)	12. CITIZEN OF	
ED	Mp.		4.S.A.	
	14. MOTHERS MAIDEN N.	AME		
	ROXANNE	MOORE		
SOCIAL SECURITY NO.	Mr. Helen Cit	Pawder 145	VRE DEGRACE	MO.
CAUSE O	F DEATH		INTERVAL BEIN	/EEN
~ /	1 /-/	1.	ONSET AND D	EATH
(A) Derlo	mandibular	maliznan	y 2 year	w
DUETO			1	
DUE TO	**************************************		**************************************	
(6)				
(C)	***************************************			
streams	have			
H OPERATION	20A. AUTOPSY? (Yes or I		FINDINGS CONSIDERED	
	NO	IN CERTIFYING C	AUSES OF DEATH?	
CE OF INJURY (e.g., in	fice bldg., INJURY OCCUR?	(If in Beltim	ere City, give exect lecetien)	
nn, lectery, sileet, et	nce blogs, my oki occok:			
URY OCCURRED	21F. HOW DID IN	IJURY OCCUR?		
Net While	е			
At Werk	6/17	10 1.7.	9/2	67
green from	/ /	19 6/10		6 Z.
			inion death occurred on	the dote
e) (did)/(did not) v	iew the body after death	•	Took DATE COMED	
M.D. Atte	ending Med.	Stoff	23 B. DATE SIGNED	
Phy	s. Director	Stoff Phys.	7/3/67	
HN M.D.	THE JOHNS	HOPKINS H	OSPITAL	
ef CEMETERY et CRE	MATORY 24D.	LOCATION	City, tewn, or county)	(Stete)
EL HILL	EM. H	WRE DE GRI	ACE ,	Mo
GISTRAR	25C BUNERAL DIRECTO	PR / / 1 11 11	ADDRESS	,
tarber 108	N. Hladestal	Wehell Ha	rede Strall He	d.
		y LY		



VS 150-REV. 1/1/65

3. P	pe or Print)		11am 2 1 1	Para salal da C.		AND HOUR OF DEAT	1	• 70 -
120 4	PLACE OF DEATH	UNATIOS	Hamilto	n Franklin, Sr	. Sep	t. 2, 1967		:30 a
	TACE OF DEATH	THE BALTIMORE, IN	KILANO		A, STATE B. CO		Institution, lesibetic	e belore outi
	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) INSTITUTION				Maryland 212	212 outside city limits, writ	e RURAL ond give	township)
5304 Midwood Avenue Baltimore, Md. 21212				Baltimore		C	2/-11	
				D. STREET ADDRESS 5304 Midwood	If rurol, give locotion) Avenue			
5. S	EX 6.	RACE		NEVER MARRIED D, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. Months: Doys	
	Male	White		ried	July 4,1902	65	14(0111113) 20/3	,
				BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for		12. CITIZEN O	F
done		rking life, even if retired)	** *		D 21		WHAT CO	ONIKY?
12	FATHERS NAME	chanic	Union	Vending Co	Balto. Md.	AAAE	USA	
13.								
	Charl	les Franklin	n		Alice Ditma	2		
		rer in U. S. Armed Fo f yes, give wor or dot		SECURITY NO.	17. INFORMANT		ADD	
			- 4	217-05-3817	Carolee F. Mc	Grath (Daug	hter) Sa	
	18.42	0,/1			F DEATH	,	CALLET	VAL BETWEE T AND DEAT
		OR CONDITION DE		2	1.1.09	Land.		
				(A) My	ocaraiae /	ywillo	7	0
		meon the mode of thenio, etc. It meon		DUE 10	No. of Local Prince	// /	0.5	
		icotion which couse		16.	1	to Kenuts	Year -	,
	AN	ITECEDENT CAUSE	S	(B)	ocardial F. Leriosoleron	re 1/Coru /	- rusc	
	DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION lost.			gestive fe		re 5	day	
		11			/			
ATION	TO THE DEA	II CANT CONDITIONS TH BUT NOT REL ONDITION CAUSING	ATED TO TH		sity			6
1.3	19A. DATE OF O	PERATION 198. CO		WHICH OPERATION	20A. AUTOPSY? (Yes or	No. 20B. IF YES, WER	RE FINDINGS CON CAUSES OF DEATH	SIDERED 1?
RTIFIC	21 A. ACCIDENT	WAS UNDERLYING		ne, form, foctory, street, o	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltim	nare City, give exa	ct lacation)
CAL CERTIFIC	DEATH (notify m	edical examiner						
	DEATH (notify m	Month) (Day) (Year	(Hour) 21E	. INJURY OCCURRED	21 F. HOW DID	NJURY OCCUR?		
CAL	DEATH (notify m		WH	ile At Not Whi	le	NJURY OCCUR?	1	1
CAL	DEATH (notify m 21 D. TIME OF INJURY (APPROX.)	Month) (Day) (Year	WH	ile At Not Whi	le	,	August	
CAL	DEATH (notify m 21 D. TIME OF INJURY (APPROX.)	Month) (Day) (Year	WH	ile At Not Whi	le	1962 to	Augor	8 196
CAL	DEATH (notify m 21 D. TIME OF INJURY (APPROX.) 22. I certify th	Month) (Day) (Year	Wh Wa	ile At Not Whi	fec.	,	Aught aplinian death ac	19 curred an th
CAL	DEATH (notify m 21 D. TIME OF INJURY (APPROX.) 22. I certify th that (I) (yet) la	Month) (Day) (Yeor nat (1) (this haspite ast saw the deceas	wh watended to ed alive an	ile At Not Whi	fec.	1962 ta	Agot aplnian death ac	19 6 curred an th
CAL	DEATH (notify m 21 D. TIME OF INJURY (APPROX.) 22. I certify th that (I) (yet) la	Month) (Day) (Year nat (I) (this haspite ast saw the deceas from the causes sto	wh watended to ed alive an	ile At Not Whi	1e	1962 ta	aplnian death ac	
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CAL	DEATH (notify m 21 D. TIME OF INJURY (APPROX.) 22. I certify th that (I) (M) lo and haur and f 23A. SIGNATURE	mat (1) (this haspite ast saw the decease from the causes sto	wh watended to ed alive an	ile At Not Whink At Work he deceased from	ond view the body after deat	that in(my) (MT) a		
CAL	21 D. TIME OF INJURY (APPROX.) 22. I certify the that (!) () loand haur and f	mat (1) (this bestite as the decease from the causes stored	why attended the dalive an ated above. (Not Whink At Work he deceased fram (I) (WE) (did) (Artific) M.D. Att Phy	ending Med. Director	that in (my) (and) a	23B. DATE SIG	
CAL	DEATH (notify m 21 D. TIME OF INJURY (APPROX.) 22. I cortify th that (1) () la and haur and f 23A. SIGNATURE	mat (1) (this bestite as the decease from the causes stored	wh watended to ed alive an	Not Whink At Work he deceased fram (I) (WE) (did) (Artific) M.D. Att Phy	ond view the body after deat	that in (my) (and) a		
MEDICAL	DEATH (notify m 21 D. TIME OF INJURY (APPROX.) 22. I certify th that (I) () la and haur and f 23A. SIGNATURE 23C. PHYSICIAN NAME (Type)	Month) (Day) (Yeorian the causes stored like	who attended the dalive an attendabave. (Tolds rt Golds	Not Whink At Work he deceased fram (I) (WE) (did) (Artific) M.D. Att Phy	ending Med. 23D. ADDRESS 3643 Glengy1	that in (my) (M) a	23B. DATE SIG	NED - 5,19
MEDICAL	DEATH (notify m 21 D. TIME OF INJURY (APPROX.) 22. I certify th that (I) (M) Id and haur and f 23A. SIGNATURE 23C. PHYSICIAN NAME (Type) A. BURIAL CREMA REMOVAL (Spe	Month) (Day) (Year not (I) (this haspite ast saw the deceas from the causes str S Herbe: ATION, 248. DATE acify)	why attended the dalive an ared above. (Polds rt Golds	Not Whink At Work The deceased fram (Me) (did) (trees) M.D. Att Phy tone M.D. AME of CEMETERY or CR	ond with body after deat Med. Director 23D. ADDRESS 3643 Glengy 1.	that in (my) (of) o	23B. DATE SIG	NED L. S., I
WEDICAL	DEATH (notify m 21 D. TIME OF INJURY (APPROX.) 22. I certify th that (I) () la and haur and f 23A. SIGNATURE 23C. PHYSICIAN NAME (Type)	Month) (Day) (Yeorian the causes strong the cause strong the causes strong the cause strong the c	who with attended the dalive an interest above. (Polds at Golds at	ile At Not Whink At Work he deceased from	ond with body after deat Med. Director 23D. ADDRESS 3643 Glengy 1.	that in(my) (of) oh. Stoff Phys. e Ave. Balt. LOCATION Baltimore, N	23 B. DAJE SIG 20. 21215 (City, lown, or cou	NED L. S., I



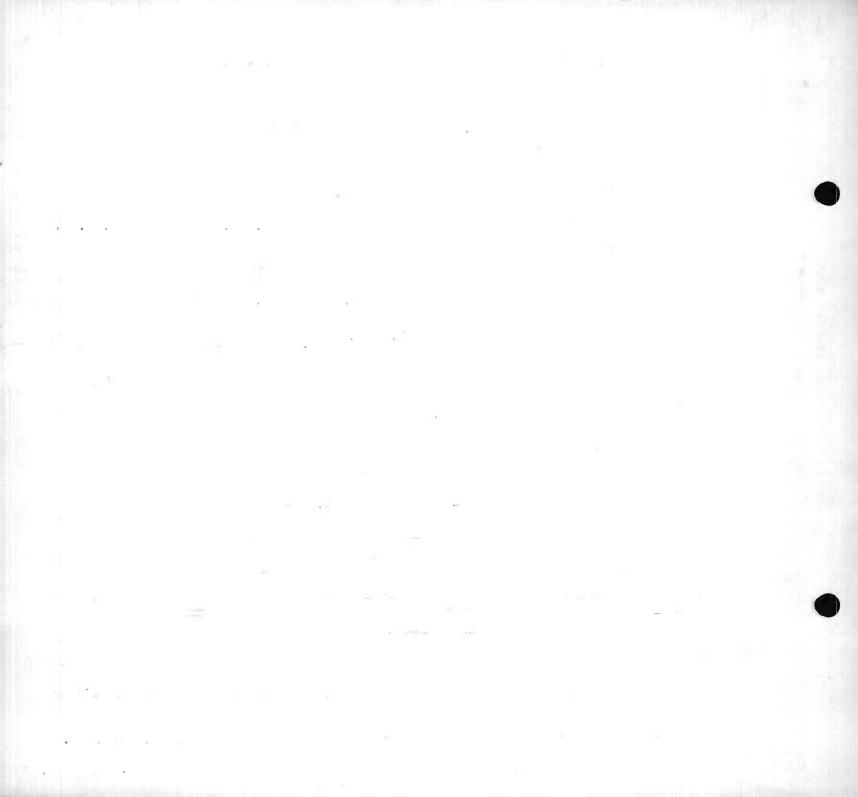


IMPORTANT

DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT



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BIRTH NO.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

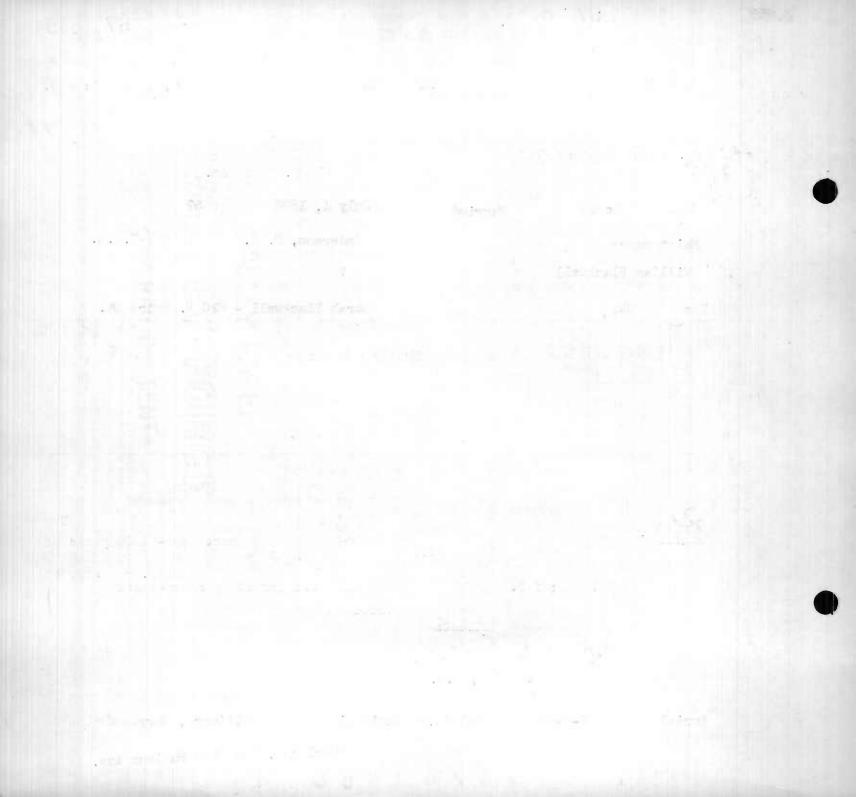
M.E. CASE NO).							
I. NAME OF	DECEASED			2. DATE AND HOUR PRONOUNCED DEAD				
	THE	ODORE	HARVELL		Sept	ember 2, 196	57	9:15 A.
3. PLACE IN B	ALTIMORE, MARYLAND, W	HERE PRONOL	JNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, Il institution: residence before odmission) A. STATE B. COUNTY				
FULL NAME C	E (IE NOT IN HOSBIT	AL OR INISTITE	JTION, GIVE STREET		aryland		71411	
HOSPITAL OR	ADDRESS OR LOC.	ATION)	JHON, GIVE SIKEE!	C. CITY OR TO	WN (If outside	de corporote limits, write	RURAL on	d give township)
		B	altimor	e		19-01		
00	519 N. Gil			D. STREET ADD				11-1
	DIS N. GII		5	19 N. G	ilmor ST			
5. SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRT		9. AGE (in years		1 Yr. II Under 24 Hrs
Male	Negro	Marr:	DIVORCED (specify)	March 30	1805	lost birthdoy)	Months	Doys Hours Min.
	CCUPATION (Give kind of wor						12. CITIZE	N OF
done during most	of working life, even if retired)						WHAT	T COUNTRY?
13, FATHER'S NAME			14. MOTHER'S M		irginia	U.	.S.A.	
13. PAINER 3 IN	AME			14. MOTHERS M	AIDEN NAV	16		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wnr or dotes of service) 16. SOCIAL SECURITY NO.				17. INFORMANT			ADDRESS	
Yes	WW I			Maggie	Harvel	1 - 519 N. (Gilmor	St.
18. / /	. 5 V		CAUS	E OF DEATH				INTERVAL BETWEEN
16								ONSET AND DEATH
DIS	EASE OR CONDITION DEATH		Ca	rcinoma of	f lung			
(This doc	es not meon the mode of ure, ostherio, etc. It meon	dying, e.g.,	DUE TO			***************************************	•••••••••••••••••••••••••••••••••••••••	
injury or	complication which coused	de oth.)						
	ANTECEDENT CAUSE	2						
DISEASI	ES OR CONDITIONS, IF		DUE TO		************			
RISE TO	THE ABOVE CAUSE (A) S	TATING THE	501.10					
	TINO CONDITION LASI.		(C)			001000000000000000000000000000000000000		
2								
OTHER S	SIGNIFICANT CONDITIONS							
DISEASE	E DEATH SUT NOT RE OR CONDITION CAUSING		H E					*************************
OTHER STORY OTHER			WHICH OPERATION	20A. AUTOPSY	1? (Yes or No)	208. IF YES, WERE FI		
00	WAS PER	RFORMED		No		IN CERTIFYING CAU	SES OF DEA	ATH?
₹ 21 A. EXTER	NAL CAUSE WAS	218.	PLACE OF INJURY (e.g.,	in or about 21C.	WHERE DID	(If in Boltimore City, gi	ve exoct lo	cotion)
	GOR CONTRIB- AUSE OF DEATH.	home etc.)	, form, foctory, street,	office bldg. INJUR	Y OCCUR?			
Z 21D TIME	(AAA) (D) (V	1 (11) 12	TE, INJURY OCCURRED	215 H	OW DID IN	URY OCCUR?		
OF INJURY	(Month) (Doy) (Yea				OW DID INJ	UKY OCCUR?		
(APPROX.)		m. V	VHILE AT NOT	VORK				
22.	ertify that I held on	Inquiry	Inspection X Au	topsy on	d that on th	is bosis, deoth in r	ny opinion	
	sulted from: Notural ca	- TY						
19	Suited from: Noturol Co	USES 21 A	ccident Suicio			Undetermined mann	er	
ACTU	141 (1)	1	1. A			XAMINER		DATE SIGNED
	ATURE LENGTH	2 0	TAK M.C					
NAME	(Type)	•	ingate, M.D.		AEDICAL E	XAMINER	Septem	mber 3, 196
23A, BURIAL C		23	C. NAME OF CEMETERY	or CREMATORY	23 D. I	LOCATION (City	, town, or co	ounty) (Stote)
Burial	9-7-67		Baltimore N	etional	В	altimore, Ma	ryland	1
	C'D BY HEALTH DEPT.		OF REGISTRAR		RAL DIRECTO			DDRESS
	SED 6 1067	100	0 9 0			Law 802 Me	dien	Annu
VC 161 BCV 1	Str. 0 1201	Mr. Pro.	TE STALLER		100	OUR 19	MISON	AVe.
VS 151-REV. 1	/ 1/00	. 63	1 1 63 64	0 0	7 5	1		

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A Property of the Land of the

7 8494 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67. 8494

M.E. CASE NO.	ICAL LA	AMINAEK 3 C	LKTIIICA	IL OI D	LATITIOS		
1. NAME OF DECEASED				2. DATE AND	HOUR PRONOUNC	ED DEAD	
HARVEY		BLACKW	ELL	S	eptember 4,	1967	6:16 P. M.
3. PLACE IN BALTIMORE, MARYLAND, W				DENCE (Where o	eceosed lived. If ins B. CO	titution: resident	ce before admission
FULL NAME OF HOSPITAL OR ADDRESS OR LOCA	ATION)	ION, GIVE STREET		own (If outside ltimore	corporate limits, writ	e RURAL ond	6-04
St. Agnes Hospital ((DOA)		11	O N. Brid			
5. SEX 6. RACE Male Negro	7. MARRIED, N WIDO WED, DI	EVER MARRIED VORCED(specify)	July 4,		9. AGE (In years lost birthday)		Yr. If Under 24 Hrs ys Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance	108. KIND OF I	BUSINESS OR INDUSTR	Anders	on, S. C		12. CITIZEN	OF OUNTRY?
William Blackwell			14. MOTHER'S A	MAIDEN NAME			
15. WAS DECEASED EVER IN U.S. ARMED (Yes, no orunknown), (If yes, give wor or dote		6. SO CIAL SECURITY NO.	17. INFORMANT		N. N. SHILL	ADDRESS	
Yes WWI			Sarah B	lackwell	- 810 N. I	Brice St	•
(This does not mean the mode of heart foilure, asthenia, etc. If means injury or complication which caused ANTECEPENT CAUSE: DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) STUNDERLYING CONDITION LAST. UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REIDISEASE OR CONDITION CAUSING TO THE DEATH BUT NOT REIDISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CONWAS PER	S ANY, GIVING TATING THE	(B)(C)					
~ / /	DITION FOR WI		Yes	1	OB. IF YES, WERE FI N CERTIFYING CAU	ISES OF DEATI	Tes
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. 21D TIME (Month) (Doy) (Yeor OF INJURY (APPROX.) 9/4/67 5:3		ACE OF INJURY (e.g., form, foctory, street, Street INJURY OCCURRED	in or obout 21C. office bldg., INJUI	Route 4	+O	ıbj. ope:	yards of
I certify that I held an Increase the resulted frame Natural can ACTUAL SIGNATURE	uses Ac	Inspection Au	de Hamic CHIEF A ASSISTANT A	nd that an this cide U MEDICAL EX MEDICAL EX MEDICAL EX	s basis, death in and the second seco	my apinlan	9/5/67 (Stote)
Burial 9-8-6	7 1	Baltimore Na	tional	В	altimore,	Maryland	
24A. DATE REC'D BY HEALTH DEPT.	248, NAME O	Falley M. R.		les R. L	aw 802 Mag		RESS



BIRTH NO.	67.	OANS	ATE OF DEATH	Registered No	67 8495	
M.E. CASE NO.	CEASED			D HOUR OF DEATH		
	William Lewis		Comtombon 7 3067 1 00/15			
	EATH IN BALTIMORE, MARYL	AND	4. USUAL RESIDENCE When	e deceased lived. If in:	stitution: residence before admission	
			A. STATE B. COUN	TY		
FULL NAME	OF (If not in hospital or oddress or location)	institution, give street	Maryland			
INSTITUTION	Provident Hospi	ital Inc.		side city limits, write R	URAL ond give township)	
20:	1514 Division S	Street	Baltimore D. STREET ADDRESS (IF	rurol, give location)	1001	
	Baltimore, Mary		L347 North Ca	rey Street		
Male	Negro	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Separated	3/7/13	9. AGE (In years lost birthdoy) 57/	If Under 1 Yr. If Under 24 Hrs Months Ooys Hours Min.	
		B. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF	
one during most	of working life, even if retired)		Maryland		U.S.A.	
3. FATHER'S N.	AME		14. MOTHER'S MAIDEN NAM	AF		
	John LE	w15	FEARCI.			
	ed Ever in U. S. Armed Forces wn) III yes, give wor or dotes of		17. INFORMANT		ADDRESS	
5	within yes, give wor or doles o	220-07-0495	M's Mary Lewis	s (sis)	Same	
1B.	4.21.	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
	ASE OR CONDITION DIREC	TLY	D- 0- 1 11-11-	0-: 0	ONSEL AND DEATH	
	LEADING TO DEATH	(A)	Table Lett Von	Muchan		
	not meon the mode of dy	ring, e.g., OUE TO	Acule Left-Von	1		
	omplication which coused de	eath.)	Fac	tue		
	ANTECEDENT CAUSES	(B)		1+0000 bg +-7 /000 ma +=++++++++++++++++++++++++++++++++++		
	OR CONDITIONS, if any	y, giving				
	the above couse (A) st NG CONDITION lost.	oling the (C)				
ONDERETT						
	NIFICANT CONDITIONS CONDEATH BUT NOT RELATE					
DISEASE O	R CONDITION CAUSING IT.					
19A. DATE	OF OPERATION 198. CONDITION WAS PERFOR	TION FOR WHICH OPERATION	NO No	IN CERTIFYING CAL	INDINGS CONSIDERED JSES OF DEATH?	
OR CONTRI	BUTING CAUSE OF	21B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.)	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	IIf in Boltimore	City, give exact location)	
21 D. TIME	Month (Doy) (Year)	Hour) 21E, INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?		
OF INJURY		While At Not W	hile			
		Work L At Wo		10 0	tamban 7 67	
22. I certi	fy that (1) (this hospital) a	ottended the deceased from A			cemper19	
that (I) (w	e) lost sow the deceased	olive on September 3,	19.67 ond the	ot in(my) (our) opir	nion death occurred on the do	
ond hour o	and from the couses stated	obove. (1) (We) (did) (did not)	view the body ofter deoth.			
23A. SIGNA	TURE	A P			23 B. DATE SIGNED	
	nesauce	holy M.D. A	ttending Med. Director	Staff PC	9/5/67	
23C. PHYSIC	IAN'S	110	23D. ADDRESS	Phys.		
NAME		VCHOLY MI	1514 Division	Street		
DAA BIIDIAL C			3			
REMOVAL	REMATION, 24B. DATE	24C. NAME of CEMETERY of C		OCATION (Cit	y, town, or county) (State)	
Burio	al 4-7-61	Mt. Auburr	cemo t	Sailto,	Md,	
25A. DATE REC		B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	4 Home . o.	48 Calhour St.	
		LOURUN, C. M.C. MARCHAIL	Meson	- Noire 13	CATHOUNT S.	

to the second of the State of t AN . . shid - mile nauduA HH Ta-T-P In. 198 route in the of 1st College St.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

•	contributir termined regular ceased pri	o is made
MPORTANT	his assistant if death Iso, if the direct or of of any kind; (4) Unde unced death was in tendance on the dec	and or final directions
FUNERAL DIRECTOR: IMPORTANT	hief medical examiner of a medical examiner. A Sody burns; (3) A fracture the physician who proncysician was in regular a	who commine are ambalm
FU	erificate must be approved by the chief medical examiner or his assistant if death occurred ody was released to the hospital by a medical examiner. Also, if the direct or contributins: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined (2).O.A. at a hospital (except where the physician who pronounced death was in regular of seed prior to death); and (6) No physician was in regular attendance on the deceased pri	an approved must be obtained before the semains are embalmed or find disposition is made
	bod od	200

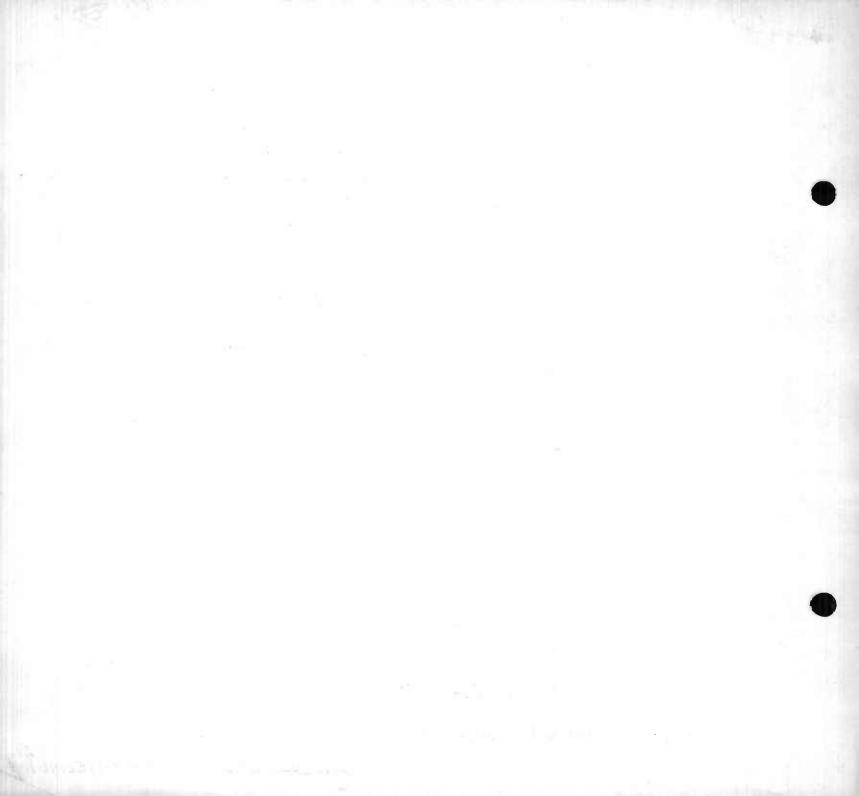
BIRTH NO.

M.E. CASE NO.

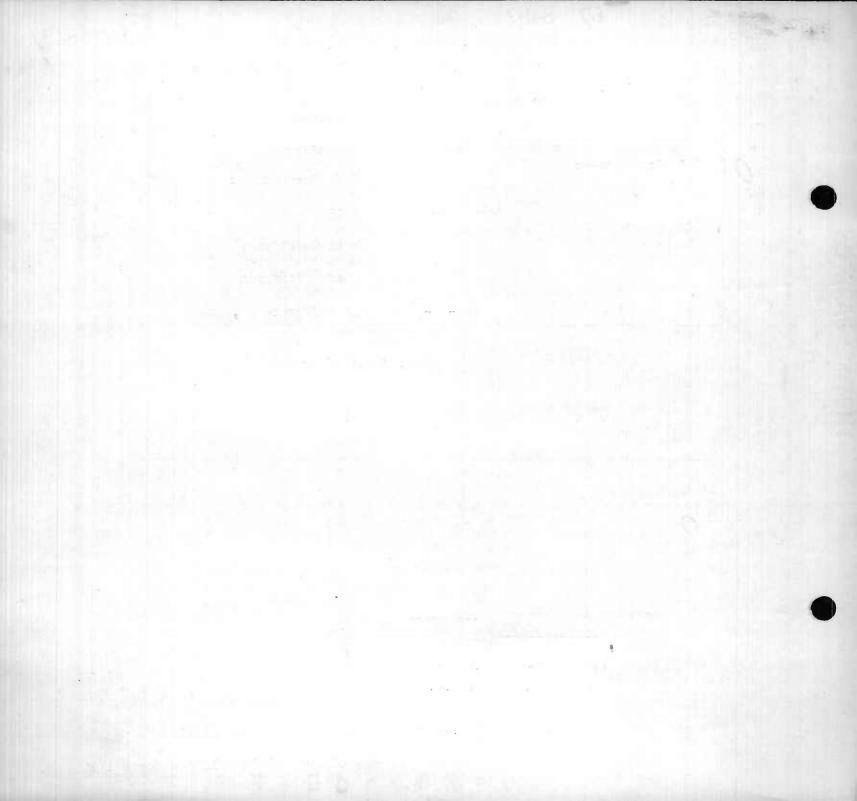
outside city limits, write RURAL and givo township) 23 If Under 1 Yr. Months: Days If Under 24 Hrs. 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give oxact location) and that in and (aur) apinion death occurred on the date 23B. DANE SIGNED county)

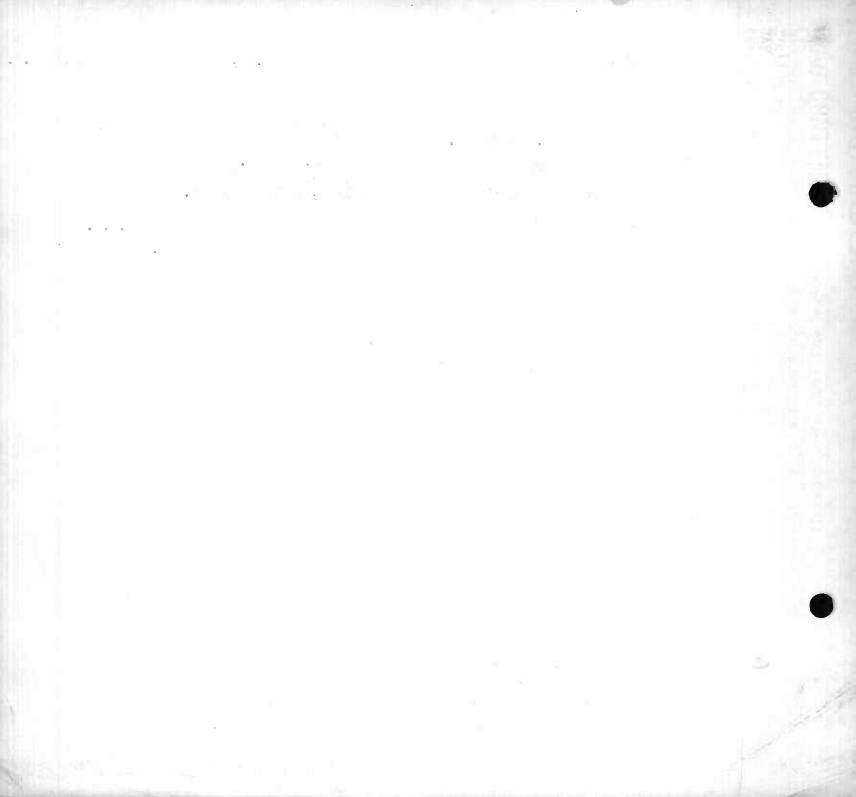
2. DATE AND HOUR OF DEATH

8496



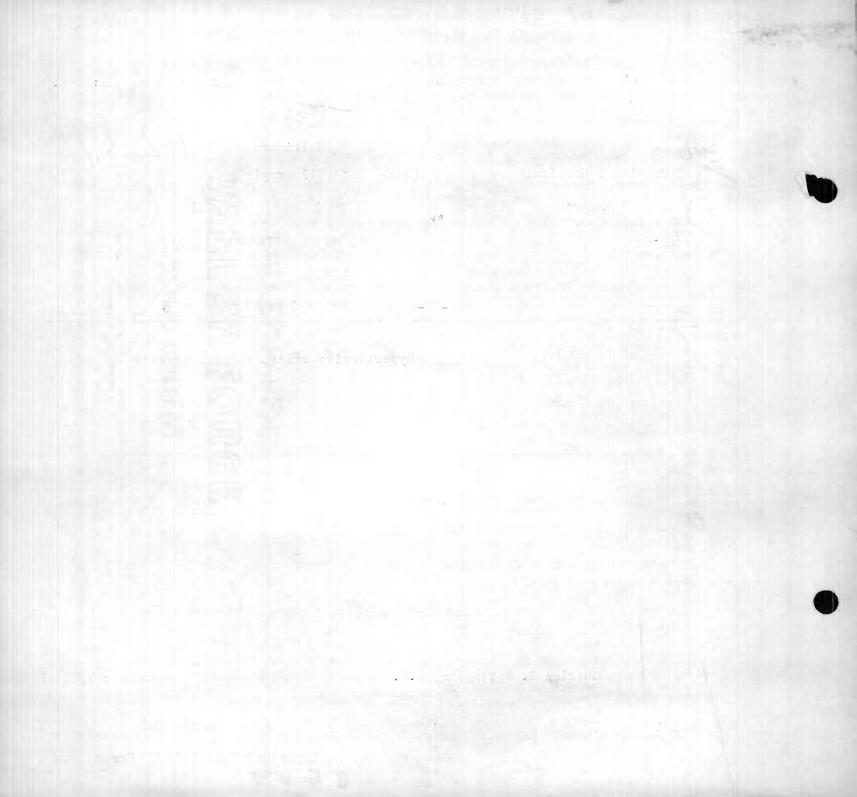
	67. 8	497	BALTIMORE CITY HEAI	LTH DEPARTMENT		
BIRTH NO.	MED	CAL EX	CAMINER'S C	ERTIFICATE OF D	DEATH Register	ed No. 67 8497
M.E. CASE NO.			•			
1. NAME OF DEC					HOUR PRONOUNCE	
WILL	IAM I.		HOBSON		mber 3, 1967	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD				4. USUAL RESIDENCE (Where	deceased lived. If instit B. COUI	nutian: residence before admission)
FULL NAME OF	(IF NOT IN HOSPIT	L OR INSTITU	UTION, GIVE STREET	Maryland C. CITY OR TOWN (If autside	egranata limita writa	PILPA) and give township)
HOSPITAL OR	ADDRESS OR LOCA	(IION)			Carparate IIIII, wine	ACKAL UND GIVE ID WIISHIP
505 Pla	om Street			Baltimore D. STREET ADDRESS (If rural,	give lacation)	
) JOJ BIO	om street			505 Bloom Str	,	57 0/00
5. SEX	6. RACE	7. MARRIED,	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
			perated	1913	last birthdoy)	Manths Days Haurs Min.
Male	Negro			Y 11. SIRTHPLACE (State or foreign	53	12. CITIZEN OF
done during most of	warking life, even if retired)			North Carolina		WHAT COUNTRY?
13. FATHER'S NAM				14. MOTHER'S MAIDEN NAME		O O A
			?	Mary Robinso	on	
	D EVER IN U.S. ARMED		16. SO CIAL	17. INFORMANT	Wall St.	ADDRESS
ites, no or unknown	(If yes, give war or date	s at service)	214-14-0304	Ms Jefferson	. same	
18.			CALLSE	OF DEATH		INTERVAL BETWEEN
DISEASES RISE TO TH UNDERLYIF OTHER SIG	ONTECEDENT CAUSE OR CONDITIONS, IF A E ABOVE CAUSE (A) S' NG CONDITION LAST. II NIFICANT CONDITIONS DEATH BUT NOT RE R CONDITION CAUSING	NY, GIVING TATING THE				
19A. DATE OF	OPERATION 198. CON WAS PER	DITION FOR	WHICH OPERATION	NO NO	20B. IF YES, WERE FIN	
UNDERLYING	L CAUSE WAS OR CONTRIB- SE OF DEATH.	218. hame etc.)	PLACE OF INJURY (e.g., e, farm, factory, street,	in or about 21C, WHERE DID (office bldg., INJURY OCCUR?	If in Baltimore City, giv	e exact locotian)
21D TIME OF INJURY (APPROX.)	(Manth) (Day) (Yeo	\	WHILE AT NOT AT W	21F, HOW DID INJU	RY OCCUR?	
22.	tify that I held an I	nguiry 🗌	Inspection X Au	tapsy and that an thi	s basis, death in m	v apinlon
1 1	ted fram: Natural ca	CTR			Indetermined manne	
16301	Training Ca		001010	CHIEF MEDICAL EX		
ACTUA		1-5.		ASSISTANT MEDICAL EX		DATE SIGNED
SIGNAT	ED'			ASSOCIATE MEDICAL EX	-	9/4/67
NAME (U. Spit	z,M.D.	AUGUSTA I E MEDICAL EX		
23A, BURIAL CRE REMOVAL (Specif		23	C. NAME OF CEMETERY	or CREMATORY 23D. Le	OCATION (City,	town, or caunty) (State)
Burial	9/8/67 BY HEALTH DEPT.		Mt Cal vary	Cemetry A	A County	Md ADDRESS
	rne toez d		C. I. O. us	Adolphus Halst	ead 1206 W 1	North AVe
VS 151 DEV 1/1	FL 0 1801 (600		0 0 0 1 7		





MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

M.E. CASE NO. 1. NAME OF DECEASED		2. DATE AND HOUR PRONOUNCED DEAD				
(Type or Print)	BERT MITCHELL	September 2, 1967 9:40 A.				
FULL NAME OF (IF NOT IN HOSPIT. HOSPITAL OR ADDRESS OR LOCA NSTITUTION Provident Hospit	AL DR INSTITUTION, GIVE STREET	A. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission B. COUNTY Maryland C. CITY OR TOWN (If outside corporate limits, write BURAL and give township) Baltimore D. STREET ADDRESS (If rural, give location)				
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In yeors If Under 1 Yr. If Under 24 Hrs.				
Male Negro Widowed Widowed		1900 lost birthdoys Months Doys Hours Min.				
IDA. USUAL OCCUPATION (Give kind of work TOB. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) Laborer		North Carolina 12. CITIZEN OF WHAS COUNTRY?				
3. FATHER'S NAME	Unknown	14. MOTHER'S MAIDEN NAME Unknown				
15. WAS DECEASED EVER IN U.S. ARMED Yes, no or unknown) (If yes, give wor or dote NO		17. INFORMANT ADDRESS 32 Mrs Mildred Wright				
ANTECEDENT CAUSE DISEASES OR CONDITIONS, IF AREA OF DEATH BUT NOT RE DISEASES OR CONDITION LAST. ZOUNDERLYING CONDITION LAST. II DTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RE DISEASE DR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CON	deoth.) S NY, GIVING DUE TO TATING THE (C)					
DISEASE DR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CON WAS PER	DITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
ZTA, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-		g., in or obout 21C. WHERE DID (If in Boltimore City, give exect location), office bldg., INJURY OCCUR?				
21D TIME (Month) (Doy) (Yeor (APPROX.)	WHILE AT N	DT WHILE WORK				
22. I certify that I held on I resulted from: Natural co	nquiry Inspection X uses X Accident Sui	Autopsy and that an this bosis, deoth in my opinion cide Homicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED DATE SIGNED				
23A, BURIAL CREMATION, 23B. DATE REMOVAL (Specify)	23C. NAME OF CEMETE					
Burial 9/8/67 24A. DATE REC'D BY HEALTH DEPT.	24B, NAME OF REGISTRAR	Cemetry A A County Md 24C. FUNERAL DIRECTOR ADDRESS				
SEP 6 1967 (DI Fr & STOLDEN MAN	Adolphus Halstead 1206 W North Avw				



67. 8500 BALTIMORE CITY HEALTH DEPARTMENT 67. 8500
MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

	H NO.		MEDICAL EX	A THE TEN O CE	ICT III ICT II	TE OF DEATH Registered No.
	CASE NO.					
(Tyr	NAME OF DEC	EASED				2, DATE AND HOUR PRONOUNCED DEAD
0 0	ERNE			BROOK	S	August 25, 1967 5:30 P. M.
			LAND, WHERE PRONOU	NCED DEAD	A. STATE Marylan	ENCE (Where deceased lived. If institution: residence before admission) ad
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION				HON, GIVE SIKEET	c. city or tow Baltim	WN (If outside corporate limits, write RURAL and give township)
University Hospital					D. STREET ADDR	RESS (If rural, give location)
5. S	EX	6. RACE			B. DATE OF BIRTH	H 9. AGE (In years If Under 1 Yr. If Under 24 Hrs.
M	ale	Negro	WIDOWED, D	OIVORCED(specify)	2/3/1	904 lost birthdoyl Months Doys Hours Min.
	USUAL OCCU during most of w			BUSINESS OR INDUSTRY	A HHARO	(Stote or loseign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME					14. MOTHER'S NA	AIDEN NAME
			S. ARMED FORCES? vor or dotes of service)	16. SOCIAL SECURITY NO. 215-09-8931	7. INFORMANT	ADDRESS
	(This does n heart failure, injury or com A DISEASES (RISE TO THE	LEADING TO of meon the osthenio, etc. oplication which NTECEDENT OR CONDITION	mode of dying, e.g., It means the disease, the coused death.) CAUSES DNS, IF ANY, GIVING USE (A) STATING THE	(A) Massiv DUE TO Gur (B) DUE TO	of DEATH re Bleedin	ng nd of right buttock
CERTIFICATION	TO THE	IIFICANT CONDEATH BUT	NOT RELATED TO TH	(C)		
CERTI	19A. DATE OF	OPERATION	19B. CONDITION FOR W WAS PERFORMED	VHICH OPERATION	20A. AUTOPSY?	? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes
MEDIC	21 A. EXTERNAL UNDERLYING A UTING CAUS 21D TIME OF INJURY (APPROX.)	OR CONTRIB-	home, etc.) oy) (Yeor) (Hour) 21	home in the street of the str	21F. HC	WHERE DID (If in Boltimore City, give exect location) OCCUR? 1029 Booth Street OW DID INJURY OCCUR? Subject shot by wife
	1 cert	JRE JULE	itural causes A	suicident Suicide	CHIEF ME	d that an this basis, death in my opinion ide \(\bar{\text{L}} \) Undetermined manner \(\bar{\text{L}} \) EDICAL EXAMINER \(\bar{\text{L}} \) EDICAL EXAMINER \(\bar{\text{L}} \) SEDICAL EXAMINER \(\bar{\text{L}} \) SEDICAL EXAMINER \(\bar{\text{L}} \)
REA	BURIAL CREA AOVAL (Specify	MATION, 238	1/69 N	OF REGISTRAR	~	23D. LOCATION (City, town, or county) (Stote) Cle & Burro and Address ADDRESS

